CHAPTER 125--S.F.No. 5335

An act relating to human services; modifying provisions governing disability services, aging services, substance use disorder services, and priority admissions and civil commitment; establishing the Direct Care and Treatment executive board, the human services response contingency account, the Homelessness and Housing Support Office, task forces, and working groups; requiring studies and reports; providing for rulemaking; appropriating money; amending Minnesota Statutes 2022, sections 13.46, subdivisions 1, as amended, 10, as amended; 144G.41, subdivision 1, by adding subdivisions; 144G.63, subdivisions 1, 4; 144G.64; 145.61, subdivision 5; 151.065, subdivision 7; 245.821, subdivision 1; 245.825, subdivision 1; 245A.11, subdivision 2a; 245I.23, subdivision 19a; 246.018, subdivision 3, as amended; 246.129, as amended; 246.13, subdivision 2, as amended; 246.234, as amended; 246.36, as amended; 246.511, as amended; 252.27, subdivision 2b; 252.282, subdivision 1, by adding a subdivision; 254B.01, by adding subdivisions; 256.88; 256.89; 256.90; 256.91; 256.92; 256.9755, subdivisions 2, 3; 256B.02, subdivision 11; 256B.076, by adding a subdivision; 256B.0911, subdivisions 12, 17, 20; 256B.0913, subdivision 5a; 256B.0924, subdivision 3; 256B.434, by adding a subdivision; 256B.49, subdivision 16, by adding a subdivision; 256B.4911, by adding subdivisions; 256B.4912, subdivision 1; 256B.69, subdivision 4; 256B.77, subdivision 7a; 256S.07, subdivision 1; 256S.205, subdivisions 2, 3, 5, by adding a subdivision; 447.42, subdivision 1; 604A.04, subdivision 3; Minnesota Statutes 2023 Supplement, sections 10.65, subdivision 2; 13.46, subdivision 2, as amended; 15.01; 15.06, subdivision 1, as amended; 15A.0815, subdivision 2; 15A.082, subdivisions 1, 3, 7; 43A.08, subdivisions 1, 1a; 245.91, subdivision 4; 245A.03, subdivision 7, as amended; 245G.07, subdivision 2; 245I.04, subdivision 19; 246.54, subdivisions 1a, 1b; 246C.01; 246C.02, as amended; 246C.04, as amended; 246C.05, as amended; 253B.10, subdivision 1, as amended; 254B.05, subdivisions 1, 5, as amended; 254B.19, subdivision 1; 256.043, subdivision 3; 256.4764, subdivision 3; 256.9756, subdivisions 1, 2; 256B.0622, subdivision 8; 256B.0911, subdivision 13; 256B.0913, subdivision 5, as amended; 256B.092, subdivision 1a; 256B.0949, subdivision 15; 256B.49, subdivision 13; 256B.766; 256R.55; 270B.14, subdivision 1; Laws 2021, First Special Session chapter 7, article 13, section 68; article 17, section 19, as amended; Laws 2023, chapter 53, article 21, sections 6; 7; Laws 2023, chapter 61, article 1, sections 60, subdivisions 1, 2; 67, subdivision 3; article 4, section 11; article 8, sections 1; 2; 3; 8; article 9, section 2, subdivisions 5, 14, 16, as amended, 18; Laws 2023, chapter 70, article 20, section 2, subdivision 29; Laws 2024, chapter 79, article 1, sections 18; 23; 24; 25, subdivision 3; article 10, sections 1; 6; proposing coding for new law in Minnesota Statutes, chapters 144G; 246C; 254B; 256; 256B; 256S; repealing Minnesota Statutes 2022, sections 246.41; 252.27, subdivisions 1a, 2, 3, 4a, 5, 6; 253C.01; 256.043, subdivision 4; 256B.0916, subdivision 10; Minnesota Statutes 2023 Supplement, sections 246C.03; 252.27, subdivision 2a; Laws 2023, chapter 25, section 190, subdivision 10; Laws 2024, chapter 79, article 4, section 1, subdivision 3.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

ARTICLE 1

DISABILITY SERVICES

Section 1. Minnesota Statutes 2023 Supplement, section 13.46, subdivision 2, as amended by Laws 2024, chapter 80, article 8, section 2, is amended to read:

Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or disseminated by the welfare system are private data on individuals, and shall not be disclosed except:

(1) according to section 13.05;

(2) according to court order;

(3) according to a statute specifically authorizing access to the private data;

(4) to an agent of the welfare system and an investigator acting on behalf of a county, the state, or the federal government, including a law enforcement person or attorney in the investigation or prosecution of a criminal, civil, or administrative proceeding relating to the administration of a program;

(5) to personnel of the welfare system who require the data to verify an individual's identity; determine eligibility, amount of assistance, and the need to provide services to an individual or family across programs; coordinate services for an individual or family; evaluate the effectiveness of programs; assess parental contribution amounts; and investigate suspected fraud;

(6) to administer federal funds or programs;

(7) between personnel of the welfare system working in the same program;

(8) to the Department of Revenue to ~~assess parental contribution amounts for purposes of section 252.27, subdivision 2a,~~ administer and evaluate tax refund or tax credit programs and to identify individuals who may benefit from these programs, and prepare the databases for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section 6. The following information may be disclosed under this paragraph: an individual's and their dependent's names, dates of birth, Social Security or individual taxpayer identification numbers, income, addresses, and other data as required, upon request by the Department of Revenue. Disclosures by the commissioner of revenue to the commissioner of human services for the purposes described in this clause are governed by section 270B.14, subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent care credit under section 290.067, the Minnesota working family credit under section 290.0671, the property tax refund under section 290A.04, and the Minnesota education credit under section 290.0674;

(9) between the Department of Human Services; the Department of Employment and Economic Development; the Department of Children, Youth, and Families; and, when applicable, the Department of Education, for the following purposes:

(i) to monitor the eligibility of the data subject for unemployment benefits, for any employment or training program administered, supervised, or certified by that agency;

(ii) to administer any rehabilitation program or child care assistance program, whether alone or in conjunction with the welfare system;

(iii) to monitor and evaluate the Minnesota family investment program or the child care assistance program by exchanging data on recipients and former recipients of Supplemental Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter 256B or 256L; and

(iv) to analyze public assistance employment services and program utilization, cost, effectiveness, and outcomes as implemented under the authority established in Title II, Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999. Health records governed by sections 144.291 to 144.298 and "protected health information" as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code of Federal Regulations, title 45, parts 160-164, including health care claims utilization information, must not be exchanged under this clause;

(10) to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the individual or other individuals or persons;

(11) data maintained by residential programs as defined in section 245A.02 may be disclosed to the protection and advocacy system established in this state according to Part C of Public Law 98-527 to protect the legal and human rights of persons with developmental disabilities or other related conditions who live in residential facilities for these persons if the protection and advocacy system receives a complaint by or on behalf of that person and the person does not have a legal guardian or the state or a designee of the state is the legal guardian of the person;

(12) to the county medical examiner or the county coroner for identifying or locating relatives or friends of a deceased person;

(13) data on a child support obligor who makes payments to the public agency may be disclosed to the Minnesota Office of Higher Education to the extent necessary to determine eligibility under section 136A.121, subdivision 2, clause (5);

(14) participant Social Security or individual taxpayer identification numbers and names collected by the telephone assistance program may be disclosed to the Department of Revenue to conduct an electronic data match with the property tax refund database to determine eligibility under section 237.70, subdivision 4a;

(15) the current address of a Minnesota family investment program participant may be disclosed to law enforcement officers who provide the name of the participant and notify the agency that:

(i) the participant:

(A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after conviction, for a crime or attempt to commit a crime that is a felony under the laws of the jurisdiction from which the individual is fleeing; or

(B) is violating a condition of probation or parole imposed under state or federal law;

(ii) the location or apprehension of the felon is within the law enforcement officer's official duties; and

(iii) the request is made in writing and in the proper exercise of those duties;

(16) the current address of a recipient of general assistance may be disclosed to probation officers and corrections agents who are supervising the recipient and to law enforcement officers who are investigating the recipient in connection with a felony level offense;

(17) information obtained from a SNAP applicant or recipient households may be disclosed to local, state, or federal law enforcement officials, upon their written request, for the purpose of investigating an alleged violation of the Food and Nutrition Act, according to Code of Federal Regulations, title 7, section 272.1(c);

(18) the address, Social Security or individual taxpayer identification number, and, if available, photograph of any member of a household receiving SNAP benefits shall be made available, on request, to a local, state, or federal law enforcement officer if the officer furnishes the agency with the name of the member and notifies the agency that:

(i) the member:

(A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

(B) is violating a condition of probation or parole imposed under state or federal law; or

(C) has information that is necessary for the officer to conduct an official duty related to conduct described in subitem (A) or (B);

(ii) locating or apprehending the member is within the officer's official duties; and

(iii) the request is made in writing and in the proper exercise of the officer's official duty;

(19) the current address of a recipient of Minnesota family investment program, general assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing, provide the name of the recipient and notify the agency that the recipient is a person required to register under section 243.166, but is not residing at the address at which the recipient is registered under section 243.166;

(20) certain information regarding child support obligors who are in arrears may be made public according to section 518A.74;

(21) data on child support payments made by a child support obligor and data on the distribution of those payments excluding identifying information on obligees may be disclosed to all obligees to whom the obligor owes support, and data on the enforcement actions undertaken by the public authority, the status of those actions, and data on the income of the obligor or obligee may be disclosed to the other party;

(22) data in the work reporting system may be disclosed under section 256.998, subdivision 7;

(23) to the Department of Education for the purpose of matching Department of Education student data with public assistance data to determine students eligible for free and reduced-price meals, meal supplements, and free milk according to United States Code, title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state funds that are distributed based on income of the student's family; and to verify receipt of energy assistance for the telephone assistance plan;

(24) the current address and telephone number of program recipients and emergency contacts may be released to the commissioner of health or a community health board as defined in section 145A.02, subdivision 5, when the commissioner or community health board has reason to believe that a program recipient is a disease case, carrier, suspect case, or at risk of illness, and the data are necessary to locate the person;

(25) to other state agencies, statewide systems, and political subdivisions of this state, including the attorney general, and agencies of other states, interstate information networks, federal agencies, and other

entities as required by federal regulation or law for the administration of the child support enforcement program;

(26) to personnel of public assistance programs as defined in section 256.741, for access to the child support system database for the purpose of administration, including monitoring and evaluation of those public assistance programs;

(27) to monitor and evaluate the Minnesota family investment program by exchanging data between the Departments of Human Services; Children, Youth, and Families; and Education, on recipients and former recipients of SNAP benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter 256B or 256L, or a medical program formerly codified under chapter 256D;

(28) to evaluate child support program performance and to identify and prevent fraud in the child support program by exchanging data between the Department of Human Services; Department of Children, Youth, and Families; Department of Revenue under section 270B.14, subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph (c); Department of Health; Department of Employment and Economic Development; and other state agencies as is reasonably necessary to perform these functions;

(29) counties and the Department of Children, Youth, and Families operating child care assistance programs under chapter 119B may disseminate data on program participants, applicants, and providers to the commissioner of education;

(30) child support data on the child, the parents, and relatives of the child may be disclosed to agencies administering programs under titles IV-B and IV-E of the Social Security Act, as authorized by federal law;

(31) to a health care provider governed by sections 144.291 to 144.298, to the extent necessary to coordinate services;

(32) to the chief administrative officer of a school to coordinate services for a student and family; data that may be disclosed under this clause are limited to name, date of birth, gender, and address;

(33) to county correctional agencies to the extent necessary to coordinate services and diversion programs; data that may be disclosed under this clause are limited to name, client demographics, program, case status, and county worker information; or

(34) between the Department of Human Services and the Metropolitan Council for the following purposes:

(i) to coordinate special transportation service provided under section 473.386 with services for people with disabilities and elderly individuals funded by or through the Department of Human Services; and

(ii) to provide for reimbursement of special transportation service provided under section 473.386.

The data that may be shared under this clause are limited to the individual's first, last, and middle names; date of birth; residential address; and program eligibility status with expiration date for the purposes of informing the other party of program eligibility.

(b) Information on persons who have been treated for substance use disorder may only be disclosed according to the requirements of Code of Federal Regulations, title 42, sections 2.1 to 2.67.

(c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16), (17), or (18), or paragraph (b), are investigative data and are confidential or protected nonpublic while the investigation is

active. The data are private after the investigation becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

(d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are not subject to the access provisions of subdivision 10, paragraph (b).

For the purposes of this subdivision, a request will be deemed to be made in writing if made through a computer interface system.

Sec. 2. Minnesota Statutes 2022, section 245.821, subdivision 1, is amended to read:

Subdivision 1. **Notice required.** Notwithstanding any law to the contrary, no private or public facility for the treatment, housing, or counseling of more than five persons with mental illness, physical disability, developmental disability, ~~as defined in section 252.27, subdivision 1a,~~ substance use disorder, or another form of dependency, nor any correctional facility for more than five persons, shall be established without 30 days' written notice to the affected municipality or other political subdivision.

Sec. 3. Minnesota Statutes 2022, section 245.825, subdivision 1, is amended to read:

Subdivision 1. **Rules governing aversive and deprivation procedures.** The commissioner of human services shall by October, 1983, promulgate rules governing the use of aversive and deprivation procedures in all licensed facilities and licensed services serving persons with developmental disabilities~~, as defined in section 252.27, subdivision 1a~~. No provision of these rules shall encourage or require the use of aversive and deprivation procedures. The rules shall prohibit: (1) the application of certain aversive and deprivation procedures in facilities except as authorized and monitored by the commissioner; (2) the use of aversive and deprivation procedures that restrict the consumers' normal access to nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, and necessary clothing; and (3) the use of faradic shock without a court order. The rule shall further specify that consumers may not be denied ordinary access to legal counsel and next of kin. In addition, the rule may specify other prohibited practices and the specific conditions under which permitted practices are to be carried out. For any persons receiving faradic shock, a plan to reduce and eliminate the use of faradic shock shall be in effect upon implementation of the procedure.

Sec. 4. Minnesota Statutes 2023 Supplement, section 245A.03, subdivision 7, as amended by Laws 2024, chapter 80, article 2, section 37, and Laws 2024, chapter 85, section 53, is amended to read:

Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter for a physical location that will not be the primary residence of the license holder for the entire period of licensure. If a family adult foster care home license is issued during this moratorium, and the license holder changes the license holder's primary residence away from the physical location of the foster care license, the commissioner shall revoke the license according to section 245A.07. The commissioner shall not issue an initial license for a community residential setting licensed under chapter 245D. When approving an exception under this paragraph, the commissioner shall consider the resource need determination process in paragraph (h), the availability of foster care licensed beds in the geographic area in which the licensee seeks to operate, the results of a person's choices during their annual assessment and service plan review, and the recommendation of the local county board. The determination by the commissioner is final and not subject to appeal. Exceptions to the moratorium include:

(1) a license for a person in a foster care setting that is not the primary residence of the license holder and where at least 80 percent of the residents are 55 years of age or older;

(2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or community residential setting licenses replacing adult foster care licenses in existence on December 31, 2013, and determined to be needed by the commissioner under paragraph (b);

(3) new foster care licenses or community residential setting licenses determined to be needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD, or regional treatment center; restructuring of state-operated services that limits the capacity of state-operated facilities; or allowing movement to the community for people who no longer require the level of care provided in state-operated facilities as provided under section 256B.092, subdivision 13, or 256B.49, subdivision 24; ~~or~~

(4) new foster care licenses or community residential setting licenses determined to be needed by the commissioner under paragraph (b) for persons requiring hospital-level care~~.~~; or

(5) new community residential setting licenses determined necessary by the commissioner for people affected by the closure of homes with a capacity of five or six beds currently licensed as supervised living facilities licensed under Minnesota Rules, chapter 4665, but not designated as intermediate care facilities. This exception is available until June 30, 2025.

(b) The commissioner shall determine the need for newly licensed foster care homes or community residential settings as defined under this subdivision. As part of the determination, the commissioner shall consider the availability of foster care capacity in the area in which the licensee seeks to operate, and the recommendation of the local county board. The determination by the commissioner must be final. A determination of need is not required for a change in ownership at the same address.

(c) When an adult resident served by the program moves out of a foster home that is not the primary residence of the license holder according to section 256B.49, subdivision 15, paragraph (f), or the adult community residential setting, the county shall immediately inform the Department of Human Services Licensing Division. The department may decrease the statewide licensed capacity for adult foster care settings.

(d) Residential settings that would otherwise be subject to the decreased license capacity established in paragraph (c) shall be exempt if the license holder's beds are occupied by residents whose primary diagnosis is mental illness and the license holder is certified under the requirements in subdivision 6a or section 245D.33.

(e) A resource need determination process, managed at the state level, using the available data required by section 144A.351, and other data and information shall be used to determine where the reduced capacity determined under section 256B.493 will be implemented. The commissioner shall consult with the stakeholders described in section 144A.351, and employ a variety of methods to improve the state's capacity to meet the informed decisions of those people who want to move out of corporate foster care or community residential settings, long-term service needs within budgetary limits, including seeking proposals from service providers or lead agencies to change service type, capacity, or location to improve services, increase the independence of residents, and better meet needs identified by the long-term services and supports reports and statewide data and information.

(f) At the time of application and reapplication for licensure, the applicant and the license holder that are subject to the moratorium or an exclusion established in paragraph (a) are required to inform the commissioner whether the physical location where the foster care will be provided is or will be the primary

residence of the license holder for the entire period of licensure. If the primary residence of the applicant or license holder changes, the applicant or license holder must notify the commissioner immediately. The commissioner shall print on the foster care license certificate whether or not the physical location is the primary residence of the license holder.

(g) License holders of foster care homes identified under paragraph (f) that are not the primary residence of the license holder and that also provide services in the foster care home that are covered by a federally approved home and community-based services waiver, as authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human services licensing division that the license holder provides or intends to provide these waiver-funded services.

(h) The commissioner may adjust capacity to address needs identified in section 144A.351. Under this authority, the commissioner may approve new licensed settings or delicense existing settings. Delicensing of settings will be accomplished through a process identified in section 256B.493.

(i) The commissioner must notify a license holder when its corporate foster care or community residential setting licensed beds are reduced under this section. The notice of reduction of licensed beds must be in writing and delivered to the license holder by certified mail or personal service. The notice must state why the licensed beds are reduced and must inform the license holder of its right to request reconsideration by the commissioner. The license holder's request for reconsideration must be in writing. If mailed, the request for reconsideration must be postmarked and sent to the commissioner within 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds. If a request for reconsideration is made by personal service, it must be received by the commissioner within 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

(j) The commissioner shall not issue an initial license for children's residential treatment services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter for a program that Centers for Medicare and Medicaid Services would consider an institution for mental diseases. Facilities that serve only private pay clients are exempt from the moratorium described in this paragraph. The commissioner has the authority to manage existing statewide capacity for children's residential treatment services subject to the moratorium under this paragraph and may issue an initial license for such facilities if the initial license would not increase the statewide capacity for children's residential treatment services subject to the moratorium under this paragraph.

EFFECTIVE DATE. This section is effective August 1, 2024.

Sec. 5. Minnesota Statutes 2022, section 245A.11, subdivision 2a, is amended to read:

Subd. 2a. **Adult foster care and community residential setting license capacity.** (a) The commissioner shall issue adult foster care and community residential setting licenses with a maximum licensed capacity of four beds, including nonstaff roomers and boarders, except that the commissioner may issue a license with a capacity of five beds, including roomers and boarders, according to paragraphs (b) to ~~(g)~~ (h).

(b) The license holder may have a maximum license capacity of five if all persons in care are age 55 or over and do not have a serious and persistent mental illness or a developmental disability.

(c) The commissioner may grant variances to paragraph (b) to allow a facility with a licensed capacity of up to five persons to admit an individual under the age of 55 if the variance complies with section 245A.04, subdivision 9, and approval of the variance is recommended by the county in which the licensed facility is located.

(d) The commissioner may grant variances to paragraph (a) to allow the use of an additional bed, up to six, for emergency crisis services for a person with serious and persistent mental illness or a developmental disability, regardless of age, if the variance complies with section 245A.04, subdivision 9, and approval of the variance is recommended by the county in which the licensed facility is located.

(e) The commissioner may grant a variance to paragraph (b) to allow for the use of an additional bed, up to six, for respite services, as defined in section 245A.02, for persons with disabilities, regardless of age, if the variance complies with sections 245A.03, subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended by the county in which the licensed facility is located. Respite care may be provided under the following conditions:

(1) staffing ratios cannot be reduced below the approved level for the individuals being served in the home on a permanent basis;

(2) no more than two different individuals can be accepted for respite services in any calendar month and the total respite days may not exceed 120 days per program in any calendar year;

(3) the person receiving respite services must have his or her own bedroom, which could be used for alternative purposes when not used as a respite bedroom, and cannot be the room of another person who lives in the facility; and

(4) individuals living in the facility must be notified when the variance is approved. The provider must give 60 days' notice in writing to the residents and their legal representatives prior to accepting the first respite placement. Notice must be given to residents at least two days prior to service initiation, or as soon as the license holder is able if they receive notice of the need for respite less than two days prior to initiation, each time a respite client will be served, unless the requirement for this notice is waived by the resident or legal guardian.

(f) The commissioner may issue an adult foster care or community residential setting license with a capacity of five adults if the fifth bed does not increase the overall statewide capacity of licensed adult foster care or community residential setting beds in homes that are not the primary residence of the license holder, as identified in a plan submitted to the commissioner by the county, when the capacity is recommended by the county licensing agency of the county in which the facility is located and if the recommendation verifies that:

(1) the facility meets the physical environment requirements in the adult foster care licensing rule;

(2) the five-bed living arrangement is specified for each resident in the resident's:

(i) individualized plan of care;

(ii) individual service plan under section 256B.092, subdivision 1b, if required; or

(iii) individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart 19, if required;

(3) the license holder obtains written and signed informed consent from each resident or resident's legal representative documenting the resident's informed choice to remain living in the home and that the resident's refusal to consent would not have resulted in service termination; and

(4) the facility was licensed for adult foster care before March 1, 2016.

(g) The commissioner shall not issue a new adult foster care license under paragraph (f) after December 31, 2020. The commissioner shall allow a facility with an adult foster care license issued under paragraph (f) before December 31, 2020, to continue with a capacity of five adults if the license holder continues to comply with the requirements in paragraph (f).

(h) The commissioner may issue an adult foster care or community residential setting license with a capacity of five or six adults to facilities meeting the criteria in section 245A.03, subdivision 7, paragraph (a), clause (5), and grant variances to paragraph (b) to allow the facility to admit an individual under the age of 55 if the variance complies with section 245A.04, subdivision 9, and approval of the variance is recommended by the county in which the licensed facility is located.

~~(h)~~ (i) Notwithstanding Minnesota Rules, part 9520.0500, adult foster care and community residential setting licenses with a capacity of up to six adults as allowed under this subdivision are not required to be licensed as an adult mental health residential program according to Minnesota Rules, parts 9520.0500 to 9520.0670.

EFFECTIVE DATE. This section is effective August 1, 2024.

Sec. 6. Minnesota Statutes 2022, section 246.511, as amended by Laws 2024, chapter 79, article 2, section 39, is amended to read:

246.511 RELATIVE RESPONSIBILITY.

Except for substance use disorder services paid for with money provided under chapter 254B, the executive board must not require under section 246.51 a client's relatives to pay more than the following: (1) for services provided in a community-based service, the noncovered cost of care as determined under the ability to pay determination; and (2) for services provided at a regional treatment center operated by state-operated services, 20 percent of the cost of care, unless the relatives reside outside the state. ~~The executive board must determine the responsibility of parents of children in state facilities to pay according to section 252.27, subdivision 2, or in rules adopted under chapter 254B if the cost of care is paid under chapter 254B.~~ The executive board may accept voluntary payments in excess of 20 percent. The executive board may require full payment of the full per capita cost of care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do not reside in Minnesota.

Sec. 7. Minnesota Statutes 2022, section 252.27, subdivision 2b, is amended to read:

Subd. 2b. ~~**Child's responsibility**~~ **Parental or guardian reimbursement to counties.** (a) Parental or guardian responsibility ~~of~~ for the ~~child for the~~ child's cost of care incurred by counties shall be up to the maximum amount of the total income and resources attributed to the child except for the clothing and personal needs allowance as provided in section 256B.35, subdivision 1. Reimbursement by the parents ~~and child~~ or guardians shall be made to the county making any payments for services.

(b) Notwithstanding paragraph (a), the county board may require payment of the full cost of caring for children whose parents or guardians do not reside in this state.

(c) To the extent that a child described in subdivision 1 is eligible for benefits under chapter 62A, 62C, 62D, 62E, or 64B, the county is not liable for the cost of services.

Sec. 8. Minnesota Statutes 2022, section 252.282, subdivision 1, is amended to read:

Subdivision 1. **Host county responsibility.** ~~(a) For purposes of this section, "local system needs planning" means the determination of need for ICF/DD services by program type, location, demographics, and size of licensed services for persons with developmental disabilities or related conditions.~~

~~(b)~~ (a) This section does not apply to semi-independent living services and residential-based habilitation services funded as home and community-based services.

~~(c)~~ (b) In collaboration with the commissioner and ICF/DD providers, counties shall complete a local system needs planning process for each ICF/DD facility. Counties shall evaluate the preferences and needs of persons with developmental disabilities to determine resource demands through a systematic assessment and planning process by May 15, 2000, and by July 1 every two years thereafter beginning in 2001.

~~(d)~~ (c) A local system needs planning process shall be undertaken more frequently when the needs or preferences of consumers change significantly to require reformation of the resources available to persons with developmental disabilities.

~~(e)~~ (d) A local system needs plan shall be amended anytime recommendations for modifications to existing ICF/DD services are made to the host county, including recommendations for:

(1) closure;

(2) relocation of services;

(3) downsizing; or

(4) modification of existing services for which a change in the framework of service delivery is advocated.

Sec. 9. Minnesota Statutes 2022, section 252.282, is amended by adding a subdivision to read:

Subd. 1a. **Definitions.** (a) For purposes of this section, the terms in this subdivision have the meanings given.

(b) "Local system needs planning" means the determination of need for ICF/DD services by program type, location, demographics, and size of licensed services for persons with developmental disabilities or related conditions.

(c) "Related condition" has the meaning given in section 256B.02, subdivision 11.

Sec. 10. Minnesota Statutes 2023 Supplement, section 256.4764, subdivision 3, is amended to read:

Subd. 3. **Allowable uses of grant money.** (a) Grantees must use grant money to provide payments to eligible workers for the following purposes:

(1) retention, recruitment, and incentive payments;

(2) postsecondary loan and tuition payments;

(3) child care costs;

(4) transportation-related costs;

(5) personal care assistant background study costs; and

(6) other costs associated with retaining and recruiting workers, as approved by the commissioner.

(b) Eligible workers may receive cumulative payments up to $1,000 per calendar year from the workforce incentive grant account and all other state money intended for the same purpose. Workers are not eligible for payments under this section if they received payments under section 256.4766.

(c) The commissioner must develop a grant cycle distribution plan that allows for equitable distribution of money among eligible employers. The commissioner's determination of the grant awards and amounts is final and is not subject to appeal.

EFFECTIVE DATE. This section is effective retroactively from July 1, 2023.

Sec. 11. Minnesota Statutes 2022, section 256B.02, subdivision 11, is amended to read:

Subd. 11. **Related condition.** "Related condition" means ~~that condition defined in section 252.27, subdivision 1a~~ a condition:

(1) that is found to be closely related to a developmental disability, including but not limited to cerebral palsy, epilepsy, autism, fetal alcohol spectrum disorder, and Prader-Willi syndrome; and

(2) that meets all of the following criteria:

(i) is severe and chronic;

(ii) results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with developmental disabilities;

(iii) requires treatment or services similar to those required for persons with developmental disabilities;

(iv) is manifested before the person reaches 22 years of age;

(v) is likely to continue indefinitely;

(vi) results in substantial functional limitations in three or more of the following areas of major life activity:

(A) self-care;

(B) understanding and use of language;

(C) learning;

(D) mobility;

(E) self-direction; or

(F) capacity for independent living; and

(vii) is not attributable to mental illness as defined in section 245.462, subdivision 20, or an emotional disturbance as defined in section 245.4871, subdivision 15. For purposes of this item, notwithstanding section 245.462, subdivision 20, or 245.4871, subdivision 15, "mental illness" does not include autism or other pervasive developmental disorders.

Sec. 12. Minnesota Statutes 2022, section 256B.076, is amended by adding a subdivision to read:

Subd. 4. **Case management provided under contract.** If a county agency provides case management under contracts with other individuals or agencies and the county agency utilizes a competitive proposal process for the procurement of contracted case management services, the competitive proposal process must include evaluation criteria to ensure that the county maintains a culturally responsive program for case management services adequate to meet the needs of the population of the county. For the purposes of this section, "culturally responsive program" means a case management services program that:

(1) ensures effective, equitable, comprehensive, and respectful quality care services that are responsive to individuals within a specific population's values, beliefs, practices, health literacy, preferred language, and other communication needs; and

(2) is designed to address the unique needs of individuals who share a common language or racial, ethnic, or social background.

EFFECTIVE DATE. This section is effective August 1, 2024, and applies to procurement processes that commence on or after that date.

Sec. 13. Minnesota Statutes 2022, section 256B.0911, subdivision 12, is amended to read:

Subd. 12. **Exception to use of MnCHOICES assessment; contracted assessors.** ~~(a)~~ A lead agency that has not implemented MnCHOICES assessments and uses contracted assessors as of January 1, 2022, is not subject to the requirements of subdivisions 11, clauses (7) to (9); 13; 14, paragraphs (a) to (c); 16 to 21; 23; 24; and 29 to 31.

~~(b) This subdivision expires upon statewide implementation of MnCHOICES assessments. The commissioner shall notify the revisor of statutes when statewide implementation has occurred.~~

Sec. 14. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is amended to read:

Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The commissioner shall develop and implement a curriculum and an assessor certification process.

(b) MnCHOICES certified assessors must:

(1) either have a bachelor's degree in social work, nursing with a public health nursing certificate, or other closely related field or be a registered nurse ~~with at least two years of home and community-based experience~~; and

(2) have received training and certification specific to assessment and consultation for long-term care services in the state.

(c) Certified assessors shall demonstrate best practices in assessment and support planning, including person-centered planning principles, and have a common set of skills that ensures consistency and equitable access to services statewide.

(d) Certified assessors must be recertified every three years.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 15. Minnesota Statutes 2022, section 256B.0911, subdivision 17, is amended to read:

Subd. 17. **MnCHOICES assessments.** (a) A person requesting long-term care consultation services must be visited by a long-term care consultation team within 20 ~~calendar~~ working days after the date on which an assessment was requested or recommended. Assessments must be conducted according to this subdivision and subdivisions 19 to 21, 23, 24, and 29 to 31.

(b) Lead agencies shall use certified assessors to conduct the assessment.

(c) For a person with complex health care needs, a public health or registered nurse from the team must be consulted.

(d) The lead agency must use the MnCHOICES assessment provided by the commissioner to complete a comprehensive, conversation-based, person-centered assessment. The assessment must include the health, psychological, functional, environmental, and social needs of the individual necessary to develop a person-centered assessment summary that meets the individual's needs and preferences.

(e) Except as provided in subdivision 24, an assessment must be conducted by a certified assessor in an in-person conversational interview with the person being assessed.

Sec. 16. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

Subd. 20. **MnCHOICES assessments; duration of validity.** (a) An assessment that is completed as part of an eligibility determination for multiple programs for the alternative care, elderly waiver, developmental disabilities, community access for disability inclusion, community alternative care, and brain injury waiver programs under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no more than ~~60 calendar~~ 365 days after the date of the assessment.

(b) The effective eligibility start date for programs in paragraph (a) can never be prior to the date of assessment. ~~If an assessment was completed more than 60 days before the effective waiver or alternative care program eligibility start date, assessment and support plan information must be updated and documented in the department's Medicaid Management Information System (MMIS).~~ Notwithstanding retroactive medical assistance coverage of state plan services, the effective date of eligibility for programs included in paragraph (a) cannot be prior to the completion date of the most recent updated assessment.

~~(c) If an eligibility update is completed within 90 days of the previous assessment and documented in the department's Medicaid Management Information System (MMIS), the effective date of eligibility for programs included in paragraph (a) is the date of the previous in-person assessment when all other eligibility requirements are met.~~

EFFECTIVE DATE. This section is effective July 1, 2025.

Sec. 17. Minnesota Statutes 2023 Supplement, section 256B.092, subdivision 1a, is amended to read:

Subd. 1a. **Case management services.** (a) Each recipient of a home and community-based waiver shall be provided case management services by qualified vendors as described in the federally approved waiver application.

(b) Case management service activities provided to or arranged for a person include:

(1) development of the person-centered support plan under subdivision 1b;

(2) informing the individual or the individual's legal guardian or conservator, or parent if the person is a minor, of service options, including all service options available under the waiver plan;

(3) consulting with relevant medical experts or service providers;

(4) assisting the person in the identification of potential providers of chosen services, including:

(i) providers of services provided in a non-disability-specific setting;

(ii) employment service providers;

(iii) providers of services provided in settings that are not controlled by a provider; and

(iv) providers of financial management services;

(5) assisting the person to access services and assisting in appeals under section 256.045;

(6) coordination of services, if coordination is not provided by another service provider;

(7) evaluation and monitoring of the services identified in the support plan, which must incorporate at least one annual face-to-face visit by the case manager with each person; and

(8) reviewing support plans and providing the lead agency with recommendations for service authorization based upon the individual's needs identified in the support plan.

(c) Case management service activities that are provided to the person with a developmental disability shall be provided directly by county agencies or under contract. If a county agency contracts for case management services, the county agency must provide each recipient of home and community-based services who is receiving contracted case management services with the contact information the recipient may use to file a grievance with the county agency about the quality of the contracted services the recipient is receiving from a county-contracted case manager. If a county agency provides case management under contracts with other individuals or agencies and the county agency utilizes a competitive proposal process for the procurement of contracted case management services, the competitive proposal process must include evaluation criteria to ensure that the county maintains a culturally responsive program for case management services adequate to meet the needs of the population of the county. For the purposes of this section, "culturally responsive program" means a case management services program that: (1) ensures effective, equitable, comprehensive, and respectful quality care services that are responsive to individuals within a specific population's values, beliefs, practices, health literacy, preferred language, and other communication needs; and (2) is designed to address the unique needs of individuals who share a common language or racial, ethnic, or social background.

(d) Case management services must be provided by a public or private agency that is enrolled as a medical assistance provider determined by the commissioner to meet all of the requirements in the approved federal waiver plans. Case management services must not be provided to a recipient by a private agency that has a financial interest in the provision of any other services included in the recipient's support plan. For purposes of this section, "private agency" means any agency that is not identified as a lead agency under section 256B.0911, subdivision 10.

~~(d)~~ (e) Case managers are responsible for service provisions listed in paragraphs (a) and (b). Case managers shall collaborate with consumers, families, legal representatives, and relevant medical experts and service providers in the development and annual review of the person-centered support plan and habilitation plan.

~~(e)~~ (f) For persons who need a positive support transition plan as required in chapter 245D, the case manager shall participate in the development and ongoing evaluation of the plan with the expanded support team. At least quarterly, the case manager, in consultation with the expanded support team, shall evaluate the effectiveness of the plan based on progress evaluation data submitted by the licensed provider to the case manager. The evaluation must identify whether the plan has been developed and implemented in a manner to achieve the following within the required timelines:

(1) phasing out the use of prohibited procedures;

(2) acquisition of skills needed to eliminate the prohibited procedures within the plan's timeline; and

(3) accomplishment of identified outcomes.

If adequate progress is not being made, the case manager shall consult with the person's expanded support team to identify needed modifications and whether additional professional support is required to provide consultation.

~~(f)~~ (g) The Department of Human Services shall offer ongoing education in case management to case managers. Case managers shall receive no less than 20 hours of case management education and disability-related training each year. The education and training must include person-centered planning, informed choice, cultural competency, employment planning, community living planning, self-direction options, and use of technology supports. By August 1, 2024, all case managers must complete an employment support training course identified by the commissioner of human services. For case managers hired after August 1, 2024, this training must be completed within the first six months of providing case management services. For the purposes of this section, "person-centered planning" or "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case managers must document completion of training in a system identified by the commissioner.

EFFECTIVE DATE. This section is effective August 1, 2024, and applies to procurement processes that commence on or after that date.

Sec. 18. Minnesota Statutes 2022, section 256B.0924, subdivision 3, is amended to read:

Subd. 3. **Eligibility.** Persons are eligible to receive targeted case management services under this section if the requirements in paragraphs (a) and (b) are met.

(a) The person must be assessed and determined by the local county agency to:

(1) be age 18 or older;

(2) be receiving medical assistance;

(3) have significant functional limitations; and

(4) be in need of service coordination to attain or maintain living in an integrated community setting.

(b) The person must be a vulnerable adult in need of adult protection as defined in section 626.5572, or is an adult with a developmental disability as defined in section 252A.02, subdivision 2, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11, and is not receiving home and community-based waiver services, or is an adult who lacks a permanent residence and who has been without a permanent residence for at least one year or on at least four occasions in the last three years.

Sec. 19. Minnesota Statutes 2023 Supplement, section 256B.0949, subdivision 15, is amended to read:

Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency and be:

(1) a licensed mental health professional who has at least 2,000 hours of supervised clinical experience or training in examining or treating people with ASD or a related condition or equivalent documented coursework at the graduate level by an accredited university in ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development; or

(2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised clinical experience or training in examining or treating people with ASD or a related condition or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development.

(b) A level I treatment provider must be employed by an agency and:

(1) have at least 2,000 hours of supervised clinical experience or training in examining or treating people with ASD or a related condition or equivalent documented coursework at the graduate level by an accredited university in ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development or an equivalent combination of documented coursework or hours of experience; and

(2) have or be at least one of the following:

(i) a master's degree in behavioral health or child development or related fields including, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy from an accredited college or university;

(ii) a bachelor's degree in a behavioral health, child development, or related field including, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy, from an accredited college or university, and advanced certification in a treatment modality recognized by the department;

(iii) a board-certified behavior analyst as defined by the Behavior Analyst Certification Board or a qualified behavior analyst as defined by the Qualified Applied Behavior Analysis Credentialing Board; or

(iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical experience that meets all registration, supervision, and continuing education requirements of the certification.

(c) A level II treatment provider must be employed by an agency and must be:

(1) a person who has a bachelor's degree from an accredited college or university in a behavioral or child development science or related field including, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy; and meets at least one of the following:

(i) has at least 1,000 hours of supervised clinical experience or training in examining or treating people with ASD or a related condition or equivalent documented coursework at the graduate level by an accredited university in ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development or a combination of coursework or hours of experience;

(ii) has certification as a board-certified assistant behavior analyst from the Behavior Analyst Certification Board or a qualified autism service practitioner from the Qualified Applied Behavior Analysis Credentialing Board;

(iii) is a registered behavior technician as defined by the Behavior Analyst Certification Board or an applied behavior analysis technician as defined by the Qualified Applied Behavior Analysis Credentialing Board; or

(iv) is certified in one of the other treatment modalities recognized by the department; or

(2) a person who has:

(i) an associate's degree in a behavioral or child development science or related field including, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy from an accredited college or university; and

(ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people with ASD or a related condition. Hours worked as a mental health behavioral aide or level III treatment provider may be included in the required hours of experience; or

(3) a person who has at least 4,000 hours of supervised clinical experience in delivering treatment to people with ASD or a related condition. Hours worked as a mental health behavioral aide or level III treatment provider may be included in the required hours of experience; or

(4) a person who is a graduate student in a behavioral science, child development science, or related field and is receiving clinical supervision by a QSP affiliated with an agency to meet the clinical training requirements for experience and training with people with ASD or a related condition; or

(5) a person who is at least 18 years of age and who:

(i) is fluent in a non-English language or is an individual certified by a Tribal Nation;

(ii) completed the level III EIDBI training requirements; and

(iii) receives observation and direction from a QSP or level I treatment provider at least once a week until the person meets 1,000 hours of supervised clinical experience.

(d) A level III treatment provider must be employed by an agency, have completed the level III training requirement, be at least 18 years of age, and have at least one of the following:

(1) a high school diploma or commissioner of education-selected high school equivalency certification;

(2) fluency in a non-English language or Tribal Nation certification;

(3) one year of experience as a primary personal care assistant, community health worker, waiver service provider, or special education assistant to a person with ASD or a related condition within the previous five years; or

(4) completion of all required EIDBI training within six months of employment.

Sec. 20. Minnesota Statutes 2023 Supplement, section 256B.49, subdivision 13, is amended to read:

Subd. 13. **Case management.** (a) Each recipient of a home and community-based waiver shall be provided case management services by qualified vendors as described in the federally approved waiver application. The case management service activities provided must include:

(1) finalizing the person-centered written support plan within the timelines established by the commissioner and section 256B.0911, subdivision 29;

(2) informing the recipient or the recipient's legal guardian or conservator of service options, including all service options available under the waiver plans;

(3) assisting the recipient in the identification of potential service providers of chosen services, including:

(i) available options for case management service and providers;

(ii) providers of services provided in a non-disability-specific setting;

(iii) employment service providers;

(iv) providers of services provided in settings that are not community residential settings; and

(v) providers of financial management services;

(4) assisting the recipient to access services and assisting with appeals under section 256.045; and

(5) coordinating, evaluating, and monitoring of the services identified in the service plan.

(b) The case manager may delegate certain aspects of the case management service activities to another individual provided there is oversight by the case manager. The case manager may not delegate those aspects which require professional judgment including:

(1) finalizing the person-centered support plan;

(2) ongoing assessment and monitoring of the person's needs and adequacy of the approved person-centered support plan; and

(3) adjustments to the person-centered support plan.

(c) Case management services must be provided by a public or private agency that is enrolled as a medical assistance provider determined by the commissioner to meet all of the requirements in the approved federal waiver plans. If a county agency provides case management under contracts with other individuals or agencies and the county agency utilizes a competitive proposal process for the procurement of contracted case management services, the competitive proposal process must include evaluation criteria to ensure that the county maintains a culturally responsive program for case management services adequate to meet the needs of the population of the county. For the purposes of this section, "culturally responsive program" means a case management services program that: (1) ensures effective, equitable, comprehensive, and respectful quality care services that are responsive to individuals within a specific population's values, beliefs, practices, health literacy, preferred language, and other communication needs; and (2) is designed to address the unique needs of individuals who share a common language or racial, ethnic, or social background.

(d) Case management services must not be provided to a recipient by a private agency that has any financial interest in the provision of any other services included in the recipient's support plan. For purposes of this section, "private agency" means any agency that is not identified as a lead agency under section 256B.0911, subdivision 10.

~~(d)~~ (e) For persons who need a positive support transition plan as required in chapter 245D, the case manager shall participate in the development and ongoing evaluation of the plan with the expanded support team. At least quarterly, the case manager, in consultation with the expanded support team, shall evaluate the effectiveness of the plan based on progress evaluation data submitted by the licensed provider to the case manager. The evaluation must identify whether the plan has been developed and implemented in a manner to achieve the following within the required timelines:

(1) phasing out the use of prohibited procedures;

(2) acquisition of skills needed to eliminate the prohibited procedures within the plan's timeline; and

(3) accomplishment of identified outcomes.

If adequate progress is not being made, the case manager shall consult with the person's expanded support team to identify needed modifications and whether additional professional support is required to provide consultation.

~~(e)~~ (f) The Department of Human Services shall offer ongoing education in case management to case managers. Case managers shall receive no less than 20 hours of case management education and disability-related training each year. The education and training must include person-centered planning, informed choice, cultural competency, employment planning, community living planning, self-direction options, and use of technology supports. By August 1, 2024, all case managers must complete an employment support training course identified by the commissioner of human services. For case managers hired after August 1, 2024, this training must be completed within the first six months of providing case management services. For the purposes of this section, "person-centered planning" or "person-centered" has the meaning given in section 256B.0911, subdivision 10. Case managers shall document completion of training in a system identified by the commissioner.

EFFECTIVE DATE. This section is effective August 1, 2024, and applies to procurement processes that commence on or after that date.

Sec. 21. Minnesota Statutes 2022, section 256B.49, subdivision 16, is amended to read:

Subd. 16. **Services and supports.** (a) Services and supports included in the home and community-based waivers for persons with disabilities must meet the requirements set out in United States Code, title 42, section 1396n. The services and supports, which are offered as alternatives to institutional care, must promote consumer choice, community inclusion, self-sufficiency, and self-determination.

(b) The commissioner must simplify and improve access to home and community-based ~~waivered~~ waiver services, to the extent possible, through the establishment of a common service menu that is available to eligible recipients regardless of age, disability type, or waiver program.

(c) Consumer-directed community supports must be offered as an option to all persons eligible for services under subdivision 11.

(d) Services and supports must be arranged and provided consistent with individualized written plans of care for eligible waiver recipients.

~~(e) A transitional supports allowance must be available to all persons under a home and community-based waiver who are moving from a licensed setting to a community setting. "Transitional supports allowance" means a onetime payment of up to $3,000, to cover the costs, not covered by other sources, associated with moving from a licensed setting to a community setting. Covered costs include:~~

~~(1) lease or rent deposits;~~

~~(2) security deposits;~~

~~(3) utilities setup costs, including telephone;~~

~~(4) essential furnishings and supplies; and~~

~~(5) personal supports and transports needed to locate and transition to community settings.~~

~~(f)~~ (e) The state of Minnesota and county agencies that administer home and community-based ~~waivered~~ waiver services for persons with disabilities must not be liable for damages, injuries, or liabilities sustained through the purchase of supports by the individual, the individual's family, legal representative, or the authorized representative with funds received through consumer-directed community supports under this section. Liabilities include but are not limited to workers' compensation liability, the Federal Insurance Contributions Act (FICA), or the Federal Unemployment Tax Act (FUTA).

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 22. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision to read:

Subd. 7. **Budget procedures.** When a lead agency authorizes or reauthorizes consumer-directed community supports services for a home and community-based services waiver participant, the lead agency must provide to the waiver participant and the waiver participant's legal representative the following information in an accessible format and in a manner that meets the participant's needs:

(1) an explanation of how the participant's consumer-directed community supports services budget was calculated, including a detailed explanation of the variables used in the budget formula;

(2) a copy of the formula used to calculate the participant's consumer-directed community supports services budget; and

(3) information about the participant's right to appeal the consumer-directed community supports services budget in accordance with sections 256.045 and 256.0451.

Sec. 23. Minnesota Statutes 2022, section 256B.4911, is amended by adding a subdivision to read:

Subd. 8. **Consumer-directed community supports policy.** Policies governing the consumer-directed community supports program must be created solely by the commissioner. Lead agencies must not create or implement any policies that are in addition to or inconsistent with policies created by the commissioner or federal or state laws. Any handbooks, procedures, or other guidance documents maintained by a lead agency do not have the force or effect of law, and must not be given deference if introduced in a state fair hearing conducted under sections 256.045 and 256.0451.

Sec. 24. Minnesota Statutes 2022, section 256B.4912, subdivision 1, is amended to read:

Subdivision 1. **Provider qualifications.** (a) For the home and community-based waivers providing services to seniors and individuals with disabilities under chapter 256S and sections 256B.0913, 256B.092, and 256B.49, the commissioner shall establish:

(1) agreements with enrolled waiver service providers to ensure providers meet Minnesota health care program requirements;

(2) regular reviews of provider qualifications, and including requests of proof of documentation; and

(3) processes to gather the necessary information to determine provider qualifications.

(b) A provider shall not require or coerce any service recipient to change waiver programs or move to a different location, consistent with the informed choice and independent living policies under section 256B.4905, subdivisions 1a, 2a, 3a, 7, and 8.

~~(b)~~ (c) Beginning July 1, 2012, staff that provide direct contact, as defined in section 245C.02, subdivision 11, for services specified in the federally approved waiver plans must meet the requirements of chapter 245C prior to providing waiver services and as part of ongoing enrollment. Upon federal approval, this requirement must also apply to consumer-directed community supports.

~~(c)~~ (d) Beginning January 1, 2014, service owners and managerial officials overseeing the management or policies of services that provide direct contact as specified in the federally approved waiver plans must meet the requirements of chapter 245C prior to reenrollment or revalidation or, for new providers, prior to initial enrollment if they have not already done so as a part of service licensure requirements.

Sec. 25. Minnesota Statutes 2023 Supplement, section 256B.766, is amended to read:

256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES.

(a) Effective for services provided on or after July 1, 2009, total payments for basic care services, shall be reduced by three percent, except that for the period July 1, 2009, through June 30, 2011, total payments shall be reduced by 4.5 percent for the medical assistance and general assistance medical care programs, prior to third-party liability and spenddown calculation. Effective July 1, 2010, the commissioner shall classify physical therapy services, occupational therapy services, and speech-language pathology and related services as basic care services. The reduction in this paragraph shall apply to physical therapy services, occupational therapy services, and speech-language pathology and related services provided on or after July 1, 2010.

(b) Payments made to managed care plans and county-based purchasing plans shall be reduced for services provided on or after October 1, 2009, to reflect the reduction effective July 1, 2009, and payments made to the plans shall be reduced effective October 1, 2010, to reflect the reduction effective July 1, 2010.

(c) Effective for services provided on or after September 1, 2011, through June 30, 2013, total payments for outpatient hospital facility fees shall be reduced by five percent from the rates in effect on August 31, 2011.

(d) Effective for services provided on or after September 1, 2011, through June 30, 2013, total payments for ambulatory surgery centers facility fees, medical supplies and durable medical equipment not subject to a volume purchase contract, prosthetics and orthotics, renal dialysis services, laboratory services, public health nursing services, physical therapy services, occupational therapy services, speech therapy services, eyeglasses not subject to a volume purchase contract, hearing aids not subject to a volume purchase contract, and anesthesia services shall be reduced by three percent from the rates in effect on August 31, 2011.

(e) Effective for services provided on or after September 1, 2014, payments for ambulatory surgery centers facility fees, hospice services, renal dialysis services, laboratory services, public health nursing services, eyeglasses not subject to a volume purchase contract, and hearing aids not subject to a volume purchase contract shall be increased by three percent and payments for outpatient hospital facility fees shall be increased by three percent. Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

(f) Payments for medical supplies and durable medical equipment not subject to a volume purchase contract, and prosthetics and orthotics, provided on or after July 1, 2014, through June 30, 2015, shall be decreased by .33 percent. Payments for medical supplies and durable medical equipment not subject to a volume purchase contract, and prosthetics and orthotics, provided on or after July 1, 2015, shall be increased by three percent from the rates as determined under paragraphs (i) and (j).

(g) Effective for services provided on or after July 1, 2015, payments for outpatient hospital facility fees, medical supplies and durable medical equipment not subject to a volume purchase contract, prosthetics, and orthotics to a hospital meeting the criteria specified in section 62Q.19, subdivision 1, paragraph (a), clause (4), shall be increased by 90 percent from the rates in effect on June 30, 2015. Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

(h) This section does not apply to physician and professional services, inpatient hospital services, family planning services, mental health services, dental services, prescription drugs, medical transportation, federally qualified health centers, rural health centers, Indian health services, and Medicare cost-sharing.

(i) Effective for services provided on or after July 1, 2015, the following categories of medical supplies and durable medical equipment shall be individually priced items: customized and other specialized tracheostomy tubes and supplies, electric patient lifts, and durable medical equipment repair and service. This paragraph does not apply to medical supplies and durable medical equipment subject to a volume purchase contract, products subject to the preferred diabetic testing supply program, and items provided to dually eligible recipients when Medicare is the primary payer for the item. The commissioner shall not apply any medical assistance rate reductions to durable medical equipment as a result of Medicare competitive bidding.

(j) Effective for services provided on or after July 1, 2015, medical assistance payment rates for durable medical equipment, prosthetics, orthotics, or supplies shall be increased as follows:

(1) payment rates for durable medical equipment, prosthetics, orthotics, or supplies that were subject to the Medicare competitive bid that took effect in January of 2009 shall be increased by 9.5 percent; and

(2) payment rates for durable medical equipment, prosthetics, orthotics, or supplies on the medical assistance fee schedule, whether or not subject to the Medicare competitive bid that took effect in January of 2009, shall be increased by 2.94 percent, with this increase being applied after calculation of any increased payment rate under clause (1).

This paragraph does not apply to medical supplies and durable medical equipment subject to a volume purchase contract, products subject to the preferred diabetic testing supply program, items provided to dually eligible recipients when Medicare is the primary payer for the item, and individually priced items identified in paragraph (i). Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect the rate increases in this paragraph.

(k) Effective for nonpressure support ventilators provided on or after January 1, 2016, the rate shall be the lower of the submitted charge or the Medicare fee schedule rate. Effective for pressure support ventilators provided on or after January 1, 2016, the rate shall be the lower of the submitted charge or 47 percent above the Medicare fee schedule rate. For payments made in accordance with this paragraph, if, and to the extent that, the commissioner identifies that the state has received federal financial participation for ventilators in excess of the amount allowed effective January 1, 2018, under United States Code, title 42, section 1396b(i)(27), the state shall repay the excess amount to the Centers for Medicare and Medicaid Services with state funds and maintain the full payment rate under this paragraph.

(l) Payment rates for durable medical equipment, prosthetics, orthotics or supplies, that are subject to the upper payment limit in accordance with section 1903(i)(27) of the Social Security Act, shall be paid the Medicare rate. Rate increases provided in this chapter shall not be applied to the items listed in this paragraph.

(m) For dates of service on or after July 1, 2023, through June 30, ~~2024~~ 2025, enteral nutrition and supplies must be paid according to this paragraph. If sufficient data exists for a product or supply, payment must be based upon the 50th percentile of the usual and customary charges per product code submitted to the commissioner, using only charges submitted per unit. Increases in rates resulting from the 50th percentile payment method must not exceed 150 percent of the previous fiscal year's rate per code and product combination. Data are sufficient if: (1) the commissioner has at least 100 paid claim lines by at least ten different providers for a given product or supply; or (2) in the absence of the data in clause (1), the commissioner has at least 20 claim lines by at least five different providers for a product or supply that does not meet the requirements of clause (1). If sufficient data are not available to calculate the 50th percentile for enteral products or supplies, the payment rate must be the payment rate in effect on June 30, 2023.

(n) For dates of service on or after July 1, ~~2024~~ 2025, enteral nutrition and supplies must be paid according to this paragraph and updated annually each January 1. If sufficient data exists for a product or supply, payment must be based upon the 50th percentile of the usual and customary charges per product code submitted to the commissioner for the previous calendar year, using only charges submitted per unit. Increases in rates resulting from the 50th percentile payment method must not exceed 150 percent of the previous year's rate per code and product combination. Data are sufficient if: (1) the commissioner has at least 100 paid claim lines by at least ten different providers for a given product or supply; or (2) in the absence of the data in clause (1), the commissioner has at least 20 claim lines by at least five different providers for a product or supply that does not meet the requirements of clause (1). If sufficient data are not available to calculate the 50th percentile for enteral products or supplies, the payment must be the manufacturer's suggested retail price of that product or supply minus 20 percent. If the manufacturer's suggested retail price is not available, payment must be the actual acquisition cost of that product or supply plus 20 percent.

Sec. 26. Minnesota Statutes 2022, section 256B.77, subdivision 7a, is amended to read:

Subd. 7a. **Eligible individuals.** (a) Persons are eligible for the demonstration project as provided in this subdivision.

(b) "Eligible individuals" means those persons living in the demonstration site who are eligible for medical assistance and are disabled based on a disability determination under section 256B.055, subdivisions 7 and 12, or who are eligible for medical assistance and have been diagnosed as having:

(1) serious and persistent mental illness as defined in section 245.462, subdivision 20;

(2) severe emotional disturbance as defined in section 245.4871, subdivision 6; or

(3) developmental disability, or being a person with a developmental disability as defined in section 252A.02, or a related condition as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11.

Other individuals may be included at the option of the county authority based on agreement with the commissioner.

(c) Eligible individuals include individuals in excluded time status, as defined in chapter 256G. Enrollees in excluded time at the time of enrollment shall remain in excluded time status as long as they live in the demonstration site and shall be eligible for 90 days after placement outside the demonstration site if they move to excluded time status in a county within Minnesota other than their county of financial responsibility.

(d) A person who is a sexual psychopathic personality as defined in section 253D.02, subdivision 15, or a sexually dangerous person as defined in section 253D.02, subdivision 16, is excluded from enrollment in the demonstration project.

Sec. 27. Minnesota Statutes 2022, section 256S.07, subdivision 1, is amended to read:

Subdivision 1. **Elderly waiver case management provided by counties and tribes.** (a) For participants not enrolled in a managed care organization, the county of residence or tribe must provide or arrange to provide elderly waiver case management activities under section 256S.09, subdivisions 2 and 3.

(b) If a county agency provides case management under contracts with other individuals or agencies and the county agency utilizes a competitive proposal process for the procurement of contracted case management services, the competitive proposal process must include evaluation criteria to ensure that the county maintains a culturally responsive program for case management services adequate to meet the needs of the population of the county. For the purposes of this section, "culturally responsive program" means a case management services program that:

(1) ensures effective, equitable, comprehensive, and respectful quality care services that are responsive to individuals within a specific population's values, beliefs, practices, health literacy, preferred language, and other communication needs; and

(2) is designed to address the unique needs of individuals who share a common language or racial, ethnic, or social background.

EFFECTIVE DATE. This section is effective August 1, 2024, and applies to procurement processes that commence on or after that date.

Sec. 28. Minnesota Statutes 2023 Supplement, section 270B.14, subdivision 1, is amended to read:

Subdivision 1. **Disclosure to commissioner of human services.** (a) On the request of the commissioner of human services, the commissioner shall disclose return information regarding taxes imposed by chapter 290, and claims for refunds under chapter 290A, to the extent provided in paragraph (b) and for the purposes set forth in paragraph (c).

(b) Data that may be disclosed are limited to data relating to the identity, whereabouts, employment, income, and property of a person owing or alleged to be owing an obligation of child support.

(c) The commissioner of human services may request data only for the purposes of carrying out the child support enforcement program and to assist in the location of parents who have, or appear to have, deserted their children. Data received may be used only as set forth in section 256.978.

(d) The commissioner shall provide the records and information necessary to administer the supplemental housing allowance to the commissioner of human services.

(e) At the request of the commissioner of human services, the commissioner of revenue shall electronically match the Social Security or individual taxpayer identification numbers and names of participants in the telephone assistance plan operated under sections 237.69 to 237.71, with those of property tax refund filers under chapter 290A or renter's credit filers under section 290.0693, and determine whether each participant's household income is within the eligibility standards for the telephone assistance plan.

(f) The commissioner may provide records and information collected under sections 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law 102-234. Upon the written agreement by the United States Department of Health and Human Services to maintain the confidentiality of the data, the commissioner may provide records and information collected under sections 295.50 to 295.59 to the Centers for Medicare

and Medicaid Services section of the United States Department of Health and Human Services for purposes of meeting federal reporting requirements.

(g) The commissioner may provide records and information to the commissioner of human services as necessary to administer the early refund of refundable tax credits.

(h) The commissioner may disclose information to the commissioner of human services as necessary for income verification for eligibility and premium payment under the MinnesotaCare program, under section 256L.05, subdivision 2, as well as the medical assistance program under chapter 256B.

(i) The commissioner may disclose information to the commissioner of human services necessary to verify whether applicants or recipients for the Minnesota family investment program, general assistance, the Supplemental Nutrition Assistance Program (SNAP), Minnesota supplemental aid program, and child care assistance have claimed refundable tax credits under chapter 290 and the property tax refund under chapter 290A, and the amounts of the credits.

~~(j) The commissioner may disclose information to the commissioner of human services necessary to verify income for purposes of calculating parental contribution amounts under section 252.27, subdivision 2a.~~

~~(k)~~ (j) At the request of the commissioner of human services and when authorized in writing by the taxpayer, the commissioner of revenue may match the business legal name or individual legal name, and the Minnesota tax identification number, federal Employer Identification Number, or Social Security number of the applicant under section 245A.04, subdivision 1; 245I.20; or 245H.03; or license or certification holder. The commissioner of revenue may share the matching with the commissioner of human services. The matching may only be used by the commissioner of human services to determine eligibility for provider grant programs and to facilitate the regulatory oversight of license and certification holders as it relates to ownership and public funds program integrity. This paragraph applies only if the commissioner of human services and the commissioner of revenue enter into an interagency agreement for the purposes of this paragraph.

Sec. 29. Minnesota Statutes 2022, section 447.42, subdivision 1, is amended to read:

Subdivision 1. **Establishment.** Notwithstanding any provision of Minnesota Statutes to the contrary, any city, county, town, or nonprofit corporation approved by the commissioner of human services, or any combination of them may establish and operate a community residential facility for persons with developmental disabilities or related conditions, as defined in section ~~252.27, subdivision 1a~~ 256B.02, subdivision 11.

Sec. 30. Laws 2021, First Special Session chapter 7, article 13, section 68, is amended to read:

Sec. 68. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; DIRECT CARE SERVICES DURING SHORT-TERM ACUTE HOSPITAL VISITS.**

The commissioner of human services, in consultation with stakeholders, shall develop a new covered state plan service under Minnesota Statutes, chapter 256B, or develop modifications to existing covered state plan services~~, that permits receipt of direct care services in an acute care hospital in a manner consistent with the requirements of~~ for people eligible for home care services as identified in Minnesota Statutes, section 256B.0651, and community first services and supports as identified in Minnesota Statutes, section 256B.85, for the purposes of support during acute care hospital stays, as authorized under United States

Code, title 42, section 1396a(h). By ~~August 31, 2022~~ January 1, 2025, the commissioner must provide to the chairs and ranking minority members of the house of representatives and senate committees ~~and divisions~~ with jurisdiction over direct care services any draft legislation as may be necessary to implement the new or modified covered state plan service.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 31. Laws 2023, chapter 61, article 1, section 60, subdivision 1, is amended to read:

Subdivision 1. **Definition.** "New American" means an individual born abroad and the individual's children~~, irrespective of immigration status~~.

Sec. 32. Laws 2023, chapter 61, article 1, section 60, subdivision 2, is amended to read:

Subd. 2. **Grant program established.** The commissioner of human services shall establish a new American legal, social services, and long-term care workforce grant program for organizations that serve and support new Americans:

(1) in seeking or maintaining legal or citizenship status ~~to legally obtain or retain~~ and obtaining or retaining legal authorization for employment in the United States in any field or industry; or

(2) to provide specialized services and supports to new Americans to enter the long-term care workforce.

Sec. 33. **ASSISTIVE TECHNOLOGY LEAD AGENCY PARTNERSHIPS.**

(a) Lead agencies may establish partnerships with enrolled medical assistance providers of home and community-based services under Minnesota Statutes, section 256B.0913, 256B.092, 256B.093, or 256B.49, or Minnesota Statutes, chapter 256S, to evaluate the benefits of informed choice in accessing the following existing assistive technology home and community-based waiver services:

(1) assistive technology;

(2) specialized equipment and supplies;

(3) environmental accessibility adaptations; and

(4) 24-hour emergency assistance.

(b) Lead agencies may identify eligible individuals who desire to participate in the partnership authorized by this section using existing home and community-based waiver criteria under Minnesota Statutes, chapters 256B and 256S.

(c) Lead agencies must ensure individuals who choose to participate have informed choice in accessing the services and must adhere to conflict-free case management requirements.

(d) Lead agencies may identify efficiencies for service authorizations, provide evidence-based cost data and quality analysis to the commissioner, and collect feedback on the use of technology systems from home and community-based waiver services recipients, family caregivers, and any other interested community partners.

Sec. 34. **DIRECTION TO COMMISSIONER; CONSUMER-DIRECTED COMMUNITY SUPPORTS.**

By December 31, 2024, the commissioner of human services shall seek any necessary changes to home and community-based services waiver plans regarding consumer-directed community supports in order to:

(1) clarify that allowable goods and services for a consumer-directed community supports participant do not need to be for the sole benefit of the participant, and that goods and services may benefit others if there is also a direct benefit to the participant based on the participant's assessed needs;

(2) clarify that goods or services that support the participant's assessed needs for community integration and inclusion are allowable under the consumer-directed community supports program;

(3) clarify that the rate authorized for services approved under the consumer-directed community supports personal assistance category may exceed the reasonable range of similar services in the participant's community if the participant has an assessed need for an enhanced rate; and

(4) clarify that a participant's spouse or a parent of a minor participant, as defined in the waiver plans, may be paid for consumer-directed community support services at a rate that exceeds that which would otherwise be paid to a provider of a similar service or that exceeds what is allowed by the commissioner for the payment of personal care assistance services if the participant has an assessed need for an enhanced rate.

Sec. 35. **REIMBURSEMENT FOR COMMUNITY-FIRST SERVICES AND SUPPORTS WORKERS REPORT.**

(a) The commissioner of human services must explore options to permit reimbursement of community-first services and supports workers under Minnesota Statutes, sections 256B.85 and 256B.851, to provide:

(1) up to eight hours of overtime per week per worker beyond the current maximum number of reimbursable hours per month;

(2) asleep overnight and awake overnight staffing in the same manner as direct support professionals under the brain injury waiver, community alternative care waiver, community access for disability inclusion waiver, and developmental disabilities waiver; and

(3) services in shifts of up to 80 consecutive hours when otherwise compliant with federal and state labor laws.

(b) The commissioner must report recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over human services policy and finance by February 1, 2025.

Sec. 36. **DISABILITY HOME AND COMMUNITY-BASED SERVICES REIMBURSEMENT IN ACUTE CARE HOSPITAL STAYS.**

(a) The commissioner of human services must seek approval to amend Minnesota's federally approved disability waiver plans under Minnesota Statutes, sections 256B.092 and 256B.49, to reimburse for delivery of unit-based services under Minnesota Statutes, section 256B.4914, in acute care hospital settings, as authorized under United States Code, title 42, section 1396a(h).

(b) Reimbursed services must:

(1) be identified in an individual's person-centered support plan as required under Minnesota Statutes, section 256B.0911;

(2) be provided to meet the needs of the person that are not met through the provision of hospital services;

(3) not substitute services that the hospital is obligated to provide as required under state and federal law; and

(4) be designed to ensure smooth transitions between acute care settings and home and community-based settings and to preserve the person's functional abilities.

EFFECTIVE DATE. Paragraph (b) is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 37. **ELECTRONIC VISIT VERIFICATION IMPLEMENTATION GRANT.**

Subdivision 1. **Establishment.** The commissioner of human services must establish a onetime grant program to assist home care service providers with a portion of the costs of implementation of electronic visit verification.

Subd. 2. **Eligible grant recipients.** Eligible grant recipients must:

(1) be providers of home care services licensed under Minnesota Statutes, chapter 144A;

(2) have an average daily census of at least 30 individuals; and

(3) have an average daily census of medical assistance and MinnesotaCare enrollees of 20 percent or higher in the 12 months prior to application.

Subd. 3. **Allowable uses.** Allowable uses of grant money include:

(1) administrative implementation of an electronic visit verification system, including but not limited to staff costs for loading patient information into the portal, programming, and training staff;

(2) electronic visit verification operations and maintenance, including but not limited to staff costs for addressing system flaws related to geographical location and clocking in and out;

(3) purchase and monthly fees for an upgraded electronic visit verification system;

(4) purchase of or reimbursement for cell phones and electronic tablets to be used by staff and the monthly fee for the phone service; and

(5) other activities approved by the commissioner.

Subd. 4. **Application for and distribution of grant money.** In order to receive a grant under this section, providers must apply to the commissioner by November 1, 2024. Grants must be distributed no later than February 1, 2025. Grant amounts awarded to each approved applicant must be determined by the total number of approved grantees and each approved applicant's medical assistance and MinnesotaCare average daily census.

Subd. 5. **Expiration.** This section expires June 30, 2026.

Sec. 38. **EMERGENCY RELIEF GRANTS FOR RURAL EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION PROVIDERS.**

Subdivision 1. **Establishment and purpose.** (a) The commissioner of human services shall award grants to financially distressed organizations that provide early intensive developmental and behavioral intervention services to rural communities. For the purposes of this section, "rural communities" means communities outside the metropolitan counties listed in Minnesota Statutes, section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

(b) The commissioner shall conduct community engagement, provide technical assistance, and work with the commissioners of management and budget and administration to mitigate barriers in accessing grant money.

(c) The commissioner shall limit expenditures under this section to the amount appropriated for this purpose.

Subd. 2. **Eligibility.** (a) To be an eligible applicant for a grant under this section, a provider of early intensive developmental and behavioral intervention services must submit to the commissioner of human services a grant application in the form and according to the timelines established by the commissioner.

(b) In a grant application, an applicant must demonstrate that:

(1) the total net income of the provider of early intensive developmental and behavioral intervention services is not generating sufficient revenue to cover the provider's operating expenses;

(2) the provider is at risk of closure or ceasing to provide early intensive developmental and behavioral intervention services; and

(3) additional emergency operating revenue is necessary to preserve access to early intensive developmental and behavioral intervention services within the rural community the provider serves.

(c) In a grant application, the applicant must make a request based on the information submitted under paragraph (b) for the minimal funding amount sufficient to preserve access to early intensive developmental and behavioral intervention services within the rural community the provider serves.

Subd. 3. **Approving grants.** The commissioner must evaluate all grant applications on a competitive basis and award grants to successful applicants within available appropriations for this purpose. The commissioner's decisions are final and not subject to appeal.

Sec. 39. **LEGISLATIVE TASK FORCE ON GUARDIANSHIP.**

Subdivision 1. **Membership.** (a) The Legislative Task Force on Guardianship consists of the following members:

(1) one member of the house of representatives, appointed by the speaker of the house of representatives;

(2) one member of the house of representatives, appointed by the minority leader of the house of representatives;

(3) one member of the senate, appointed by the senate majority leader;

(4) one member of the senate, appointed by the senate minority leader;

(5) one judge who has experience working on guardianship cases, appointed by the chief justice of the supreme court;

(6) two individuals presently or formerly under guardianship or emergency guardianship, appointed by the Minnesota Council on Disability;

(7) one private, professional guardian, appointed by the Minnesota Council on Disability;

(8) one private, nonprofessional guardian, appointed by the Minnesota Council on Disability;

(9) one representative of the Department of Human Services with knowledge of public guardianship issues, appointed by the commissioner of human services;

(10) one member appointed by the Minnesota Council on Disability;

(11) two members of two different disability advocacy organizations, appointed by the Minnesota Council on Disability;

(12) one member of a professional or advocacy group representing the interests of the guardian who has experience working in the judicial system on guardianship cases, appointed by the Minnesota Council on Disability;

(13) one member of a professional or advocacy group representing the interests of persons subject to guardianship who has experience working in the judicial system on guardianship cases, appointed by the Minnesota Council on Disability;

(14) two members of two different advocacy groups representing the interests of older Minnesotans who are or may find themselves subject to guardianship, appointed by the Minnesota Council on Disability;

(15) one employee acting as the Disability Systems Planner in the Center for Health Equity at the Minnesota Department of Health, appointed by the commissioner of health;

(16) one member appointed by the Minnesota Indian Affairs Council;

(17) one member from the Commission of the Deaf, Deafblind, and Hard-of-Hearing, appointed by the executive director of the commission;

(18) one member of the Council on Developmental Disabilities, appointed by the executive director of the council;

(19) one employee from the Office of Ombudsman for Mental Health and Developmental Disabilities, appointed by the ombudsman;

(20) one employee from the Office of Ombudsman for Long Term Care, appointed by the ombudsman;

(21) one member appointed by the Minnesota Association of County Social Services Administrators (MACSSA);

(22) one employee from the Olmstead Implementation Office, appointed by the director of the office; and

(23) one member representing an organization dedicated to supported decision-making alternatives to guardianship, appointed by the Minnesota Council on Disability.

(b) Appointees to the task force must be named by each appointing authority by June 30, 2025. Appointments made by an agency or commissioner may also be made by a designee.

(c) The member from the Minnesota Council on Disability serves as chair of the task force. The chair must designate a member to serve as secretary.

Subd. 2. **Meetings; administrative support.** The first meeting of the task force must be convened by the chair no later than September 1, 2025, if an appropriation is made by that date for the task force. The task force must meet at least quarterly. Meetings are subject to Minnesota Statutes, chapter 13D. The task force may meet by telephone or interactive technology consistent with Minnesota Statutes, section 13D.015. The Minnesota Council on Disability shall provide meeting space and administrative and research support to the task force.

Subd. 3. **Duties.** (a) The task force must make recommendations to address concerns and gaps related to guardianships and less restrictive alternatives to guardianships in Minnesota, including but not limited to:

(1) developing efforts to sustain and increase the number of qualified guardians;

(2) increasing compensation for in forma pauperis (IFP) guardians by studying current funding streams to develop approaches to ensure that the funding streams are consistent across the state and sufficient to serve the needs of persons subject to guardianship;

(3) securing ongoing funding for guardianships and less restrictive alternatives;

(4) establishing guardian certification or licensure;

(5) identifying standards of practice for guardians and options for providing education to guardians on standards and less restrictive alternatives;

(6) securing ongoing funding for the guardian and conservator administrative complaint process;

(7) identifying and understanding alternatives to guardianship whenever possible to meet the needs of patients and the challenges of providers in the delivery of health care, behavioral health care, and residential and home-based care services;

(8) expanding supported decision-making alternatives to guardianships and conservatorships;

(9) reducing the removal of civil rights when appointing a guardian, including by ensuring guardianship is only used as a last resort; and

(10) identifying ways to preserve and to maximize the civil rights of the person, including due process considerations.

(b) The task force must seek input from the public, the judiciary, people subject to guardianship, guardians, advocacy groups, and attorneys. The task force must hold hearings to gather information to fulfill the purpose of the task force.

Subd. 4. **Compensation; expenses.** Members of the task force may receive compensation and expense reimbursement as provided in Minnesota Statutes, section 15.059, subdivision 3.

Subd. 5. **Report; expiration.** The task force shall submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over guardianship issues no later than January 15, 2027. The report must describe any concerns about the current guardianship system identified by the task

force and recommend policy options to address those concerns and to promote less restrictive alternatives to guardianship. The report must include draft legislation to implement recommended policy.

Subd. 6. **Expiration.** The task force expires upon submission of its report, or January 16, 2027, whichever is earlier.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 40. **TRANSITIONAL SUPPORTS ALLOWANCE INCREASE.**

Upon federal approval, the commissioner of human services must increase to $5,000 the transitional supports allowance under Minnesota's federally approved home and community-based service waiver plans authorized under Minnesota Statutes, sections 256B.092 and 256B.49.

EFFECTIVE DATE. This section is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 41. **TRIBAL VULNERABLE ADULT AND DEVELOPMENTAL DISABILITY TARGETED CASE MANAGEMENT MEDICAL ASSISTANCE BENEFIT.**

(a) The commissioner of human services must engage with Minnesota's federally-recognized Tribal Nations and urban American Indian providers and leaders to design and recommend a Tribal-specific vulnerable adult and developmental disability medical assistance targeted case management benefit to meet community needs and reduce disparities experienced by Tribal members and urban American Indian populations. The commissioner must honor and uphold Tribal sovereignty as part of this engagement, ensuring Tribal Nations are equitably and authentically included in planning and policy discussions.

(b) By January 1, 2025, the commissioner must report recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy. Recommendations must include a description of engagement with Tribal Nations, Tribal perspectives shared throughout the engagement process, service design, and reimbursement methodology.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 42. **ELECTRONIC VISIT VERIFICATION SIMPLIFICATION FOR LIVE-IN CAREGIVERS.**

The commissioner must explore options to simplify documentation requirements for direct support professionals who live in the same house as the person they support and are reimbursed for services subject to electronic visit verification requirements under Minnesota Statutes, section 256B.073. The commissioner may evaluate information technology barriers and opportunities, attestation options, worker identification options, and program integrity considerations. The commissioner must report recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by February 1, 2025, with short- and long-term policy changes that will simplify documentation requirements and minimize burdens on providers and recipients.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 43. **LICENSE TRANSITION SUPPORT FOR SMALL DISABILITY WAIVER PROVIDERS.**

Subdivision 1. **Onetime transition support.** The commissioner of human services must distribute onetime payments to medical assistance disability waiver customized living and community residential providers to assist with the transition from small, customized living settings to licensed community residential services under Minnesota Statutes, chapter 245D and section 256B.49.

Subd. 2. **Definitions.** For purposes of this section, "eligible provider" means an enrolled provider that received approval from the commissioner of human services for a corporate foster care moratorium exception under Minnesota Statutes, section 245A.03, subdivision 7, related to transitioning between customized living services and community residential services. This approval must have been received between July 1, 2022, and December 31, 2023.

Subd. 3. **Allowable uses of payments.** Allowable uses of payments include costs incurred by a community residential service provider or customed living provider directly related to the provider's transition from providing medical assistance customized living or 24-hour customized living and technical assistance to adapt business models and meet policy and regulatory guidance.

Subd. 4. **Payment request and requirements.** License holders of eligible settings must apply for payments using an application process determined by the commissioner of human services. Payments are onetime amounts of $15,000 per eligible setting. To be considered for a payment, eligible settings must submit a payment application no later than March 1, 2025. The commissioner may approve payment applications on a rolling basis. Payments must be distributed without compliance to time-consuming procedures and formalities prescribed in law, including the following statutes and related policies: Minnesota Statutes, sections 16A.15, subdivision 3; 16B.97; and 16B.98, subdivisions 5, 7, and 8, the express audit clause requirement. The commissioner's determination of the payment amount determined under this section is final and is not subject to appeal. This subdivision does not apply to recoupment by the commissioner under subdivision 7.

Subd. 5. **Attestation.** As a condition of obtaining payments under this section, an eligible provider must attest, on the payment application form, to the following:

(1) the provider's intent to provide services through December 31, 2027; and

(2) the provider's intent to use the payment for allowable uses under subdivision 3.

Subd. 6. **Agreement.** As a condition of obtaining a payment under this section, an eligible provider must agree to the following on the payment application form:

(1) to cooperate with the commissioner of human services to deliver services according to the requirements in this section;

(2) to maintain documentation sufficient to demonstrate the costs required to transition to a new setting as described under subdivision 3; and

(3) to acknowledge that payments may be subject to a recoupment under this section if a state audit performed under this section determines that the provider used payments for purposes not authorized under this section.

Subd. 7. **Recoupment.** (a) The commissioner of human services may perform an audit under this section up to six years after the payments are distributed to ensure the funds are utilized solely for the purposes stated in subdivision 3.

(b) If the commissioner determines that a provider used the allocated payment for purposes not authorized under this section, the commissioner must treat any amount used for a purpose not authorized under this section as an overpayment. The commissioner must recover any overpayment.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 44. **DISABILITY SERVICES PERSON-CENTERED ENGAGEMENT AND NAVIGATION STUDY.**

(a) The commissioner of human services must issue a request for proposals for the design and administration of a study of a person's experience in accessing and navigating medical assistance state plan and home and community-based waiver services and state funded disability services to improve people's experiences in accessing and navigating the system.

(b) The person-centered disability services engagement and navigation study must engage with people and families who use services, lead agencies, and providers to assess:

(1) access to the full range of disability services programs in metropolitan, suburban, and rural counties with a focus on non-English-speaking communities and by various populations, including but not limited to Black people, Indigenous people, people of color, and communities with vision, hearing, physical, neurocognitive, or intellectual developmental disabilities;

(2) how people and families experience and navigate the system, including their customer service experiences and barriers to person-centered and culturally responsive navigation support and resources; and

(3) opportunities to improve state, lead agency, and provider capacity to improve the experiences of people accessing and navigating the system.

(c) To be eligible to respond to the request for proposals, an entity must demonstrate that it has engaged successfully with people who use disability services and their families.

(d) The commissioner must report the results of the study and provide specific recommendations and administrative strategy or policy modifications to improve system accessibility, efficiency, and person-centered systemic design to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy by January 15, 2026.

Sec. 45. **PERSONAL CARE ASSISTANCE COMPENSATION FOR SERVICES PROVIDED BY A PARENT OR SPOUSE.**

(a) Notwithstanding Minnesota Statutes, section 256B.0659, subdivision 3, paragraph (a), clause (1); subdivision 11, paragraph (c); and subdivision 19, paragraph (b), clause (3), beginning October 1, 2024, a parent, stepparent, or legal guardian of a minor who is a personal care assistance recipient or the spouse of a personal care assistance recipient may provide and be paid for providing personal care assistance services under medical assistance.

(b) This section expires upon full implementation of community first services and supports under Minnesota Statutes, section 256B.85. The commissioner of human services shall notify the revisor of statutes when this section expires.

EFFECTIVE DATE. This section is effective for services rendered on or after October 1, 2024.

Sec. 46. **OWN HOME SERVICES PROVIDER CAPACITY-BUILDING GRANTS.**

Subdivision 1. **Establishment.** The commissioner of human services shall establish a onetime grant program to incentivize providers to support individuals to move out of congregate living settings and into an individual's own home as described in Minnesota Statutes, section 256B.492, subdivision 3.

Subd. 2. **Eligible grant recipients.** Eligible grant recipients are providers of home and community-based services under Minnesota Statutes, chapter 245D.

Subd. 3. **Grant application.** In order to receive a grant under this section, providers must apply to the commissioner on the forms and according to the timelines established by the commissioner.

Subd. 4. **Allowable uses of grant money.** Allowable uses of grant money include:

(1) enhancing resources and staffing to support people and families in understanding housing options;

(2) housing expenses related to moving an individual into their own home, if the person is not eligible for other available housing services;

(3) moving expenses that are not covered by other housing services for which the individual is eligible;

(4) implementing and testing innovative approaches to better support people with disabilities and their families in living in their own homes;

(5) financial incentives for providers that have successfully moved an individual out of congregate living and into their own home; and

(6) other activities approved by the commissioner.

Subd. 5. **Expiration.** This section expires June 30, 2026.

Sec. 47. **DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME TRANSITION PILOT PROGRAM.**

(a) The commissioner of human services must award a single competitive grant to a home care nursing provider to develop and implement, in coordination with the commissioner of health, Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare, and Children's Minnesota of St. Paul and Minneapolis, a pilot program to expedite and facilitate pediatric hospital-to-home discharges for patients receiving services in this state under medical assistance, including under the community alternative care waiver, community access for disability inclusion waiver, and developmental disabilities waiver.

(b) Grant money awarded under this section must be used only to support the administrative, training, and auxiliary services necessary to reduce:

(1) delayed discharge days due to unavailability of home care nursing staffing to accommodate complex pediatric patients;

(2) avoidable rehospitalization days for pediatric patients;

(3) unnecessary emergency department utilization by pediatric patients following discharge;

(4) long-term nursing needs for pediatric patients; and

(5) the number of school days missed by pediatric patients.

(c) Grant money must not be used to supplant payment rates for services covered under Minnesota Statutes, chapter 256B.

(d) No later than December 15, 2026, the commissioner must prepare a report summarizing the impact of the pilot program that includes but is not limited to: (1) the number of delayed discharge days eliminated; (2) the number of rehospitalization days eliminated; (3) the number of unnecessary emergency department admissions eliminated; (4) the number of missed school days eliminated; and (5) an estimate of the return on investment of the pilot program.

(e) The commissioner must submit the report under paragraph (d) to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy.

Sec. 48. **REPEALER.**

(a) Minnesota Statutes 2022, section 252.27, subdivisions 1a, 2, 3, 4a, 5, and 6, are repealed.

(b) Minnesota Statutes 2022, section 256B.0916, subdivision 10, is repealed.

(c) Minnesota Statutes 2023 Supplement, section 252.27, subdivision 2a, is repealed.

(d) Laws 2024, chapter 79, article 4, section 1, subdivision 3, is repealed.

EFFECTIVE DATE. Paragraph (b) is effective January 1, 2025.

ARTICLE 2

AGING SERVICES

Section 1. **[144G.195] FACILITY RELOCATION.**

Subdivision 1. **New license not required.** (a) Beginning March 15, 2025, an assisted living facility with a licensed resident capacity of five residents or fewer may operate under the licensee's current license if the facility is relocated with the approval of the commissioner of health during the period the current license is valid.

(b) A licensee is not required to apply for a new license solely because the licensee receives approval to relocate a facility. The licensee's license for the relocated facility remains valid until the expiration date specified on the existing license. The commissioner of health must apply the licensing and survey cycle previously established for the facility's prior location to the facility's new location.

(c) A licensee must notify the commissioner of health, on a form developed by the commissioner, of the licensee's intent to relocate the licensee's facility and submit a nonrefundable relocation fee of $3,905. The commissioner must deposit all relocation fees in the state treasury to be credited to the state government special revenue fund.

(d) The licensee must obtain plan review approval for the building to which the licensee intends to relocate the facility and a certificate of occupancy from the commissioner of labor and industry or the commissioner of labor and industry's delegated authority for the building. Upon issuance of a certificate of occupancy, the commissioner of health must review and inspect the building to which the licensee intends to relocate the facility and approve or deny the license relocation within 30 calendar days.

(e) A licensee may only relocate a facility within the geographic boundaries of the municipality in which the facility is currently located or within the geographic boundaries of a contiguous municipality.

(f) A licensee may only relocate one time in any three-year period, except that the commissioner may approve an additional relocation within a three-year period upon a licensee's demonstration of an extenuating circumstance, including but not limited to the criteria outlined in section 256B.49, subdivision 28a, paragraph (c).

(g) A licensee that receives approval from the commissioner to relocate a facility must provide each resident with a new assisted living contract and comply with the coordinated move requirements under section 144G.55.

(h) A licensee denied approval by the commissioner of health to relocate a facility may continue to operate the facility in its current location, follow the requirements in section 144G.57 and close the facility, or notify the commissioner of health of the licensee's intent to relocate the facility to an alternative new location. If the licensee notifies the commissioner of the licensee's intent to relocate the facility to an alternative new location, paragraph (c) applies, including the timelines for approving or denying the license relocation for the alternative new location.

Subd. 2. **Limited exemption from the customized living setting moratorium and age limitations.** (a) A licensee that receives approval from the commissioner of health under subdivision 1 to relocate a facility that is also enrolled with the Department of Human Services as a customized living setting to deliver 24-hour customized living services or customized living services to participants through the brain injury and community access for disability inclusion home and community-based services waiver plans and under section 256B.49 must inform the commissioner of human services of the licensee's intent to relocate.

(b) If the licensee at the time of the intended relocation is providing customized living or 24-hour customized living services under the brain injury and community access for disability inclusion home and community-based services waiver plans and section 256B.49 to at least one individual, and the licensee intends to continue serving that individual in the new location, the licensee must inform the commissioner of human services of the licensee's intention to do so and meet the requirements specified under section 256B.49, subdivision 28a.

EFFECTIVE DATE. This section is effective January 1, 2025, except subdivision 2 is effective January 1, 2025, or 90 days after federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 2. Minnesota Statutes 2022, section 144G.41, subdivision 1, is amended to read:

Subdivision 1. **Minimum requirements.** All assisted living facilities shall:

(1) distribute to residents the assisted living bill of rights;

(2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285;

(3) utilize a person-centered planning and service delivery process;

(4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections 148.171 to 148.285;

(5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week;

(6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;

(7) permit residents access to food at any time;

(8) allow residents to choose the resident's visitors and times of visits;

(9) allow the resident the right to choose a roommate if sharing a unit;

(10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;

(11) develop and implement a staffing plan for determining its staffing level that:

(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;

(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and

(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;

(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:

(i) awake;

(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;

(iii) capable of communicating with residents;

(iv) capable of providing or summoning the appropriate assistance; and

(v) capable of following directions; and

~~(13) offer to provide or make available at least the following services to residents:~~

~~(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:~~

~~(A) menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes;~~

~~(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and~~

~~(C) the facility cannot require a resident to include and pay for meals in their contract;~~

~~(ii) weekly housekeeping;~~

~~(iii) weekly laundry service;~~

~~(iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance;~~

~~(v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance;~~

~~(vi) provide culturally sensitive programs; and~~

~~(vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and~~

~~(14)~~ (13) provide staff access to an on-call registered nurse 24 hours per day, seven days per week.

Sec. 3. Minnesota Statutes 2022, section 144G.41, is amended by adding a subdivision to read:

Subd. 1a. **Minimum requirements; required food services.** (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.

(b) For an assisted living facility with a licensed capacity of ten or fewer residents:

(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;

(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;

(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;

(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;

(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;

(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and

(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.

Sec. 4. Minnesota Statutes 2022, section 144G.41, is amended by adding a subdivision to read:

Subd. 1b. **Minimum requirements; other required services.** All assisted living facilities must offer to provide or make available the following services to residents:

(1) weekly housekeeping;

(2) weekly laundry service;

(3) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance;

(4) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance;

(5) provide culturally sensitive programs; and

(6) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large.

Sec. 5. Minnesota Statutes 2022, section 144G.63, subdivision 1, is amended to read:

Subdivision 1. **Orientation of staff and supervisors.** (a) All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility, except as provided in paragraph (b).

(b) A staff person is not required to repeat the orientation required under subdivision 2 if the staff person transfers from one licensed assisted living facility to another facility operated by the same licensee or by a licensee affiliated with the same corporate organization as the licensee of the first facility, or to another facility managed by the same entity managing the first facility. The facility to which the staff person transfers must document that the staff person completed the orientation at the prior facility. The facility to which the staff person transfers must nonetheless provide the transferred staff person with supplemental orientation specific to the facility and document that the supplemental orientation was provided. The supplemental

orientation must include the types of assisted living services the staff person will be providing, the facility's category of licensure, and the facility's emergency procedures. A staff person cannot transfer to an assisted living facility with dementia care without satisfying the additional training requirements under section 144G.83.

Sec. 6. Minnesota Statutes 2022, section 144G.63, subdivision 4, is amended to read:

Subd. 4. **Training required relating to dementia, mental illness, and de-escalation.** All direct care staff and supervisors providing direct services must demonstrate an understanding of the training specified in section 144G.64.

EFFECTIVE DATE. This section is effective July 1, 2025.

Sec. 7. Minnesota Statutes 2022, section 144G.64, is amended to read:

144G.64 TRAINING IN DEMENTIA ~~CARE~~, MENTAL ILLNESS, AND DE-ESCALATION REQUIRED.

(a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements:

(1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date~~, and~~. Supervisors must have at least two hours of training on topics related to dementia ~~care~~ and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;

(2) direct-care employees must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia ~~care~~ and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;

(3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia ~~care~~ and two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;

(4) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia ~~care~~ and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; and

(5) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.

(b) Areas of required dementia, mental illness, and de-escalation training include:

(1) an explanation of Alzheimer's disease and other dementias;

(2) assistance with activities of daily living;

(3) problem solving with challenging behaviors;

(4) communication skills; ~~and~~

(5) person-centered planning and service delivery~~.~~;

(6) recognizing symptoms of common mental illness diagnoses, including but not limited to mood disorders, anxiety disorders, trauma- and stressor-related disorders, personality and psychotic disorders, substance use disorder, and substance misuse;

(7) de-escalation techniques and communication; and

(8) crisis resolution and suicide prevention, including procedures for contacting county crisis response teams and 988 suicide and crisis lifelines.

(c) The facility shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered.

EFFECTIVE DATE. This section is effective July 1, 2025.

Sec. 8. Minnesota Statutes 2022, section 256.9755, subdivision 2, is amended to read:

Subd. 2. **Authority.** The Minnesota Board on Aging shall allocate ~~to area agencies on aging~~ the state funds ~~which~~ that are received under this section for the caregiver support program ~~in a manner consistent with federal requirements~~. The board shall give priority to those areas where there is a high need of respite services as evidenced by the data provided by the board.

Sec. 9. Minnesota Statutes 2022, section 256.9755, subdivision 3, is amended to read:

Subd. 3. **Caregiver support services.** Funds allocated under this section ~~to an area agency on aging~~ for caregiver support services must be used ~~in a manner consistent with the National Family Caregiver Support Program~~ to reach family caregivers of persons with ALS~~, except that~~ and such funds may be used to provide services benefiting people under the age of 60 and their caregivers. The funds must be used to provide social, community-based services and activities that provide social interaction for participants. The funds may also be used to provide respite care.

Sec. 10. Minnesota Statutes 2023 Supplement, section 256.9756, subdivision 1, is amended to read:

Subdivision 1. **Caregiver respite services grant program established.** The Minnesota Board on Aging must establish a caregiver respite services grant program to increase the availability of respite services for family caregivers of people with dementia ~~and older adults~~ and to provide information, education, and training to respite caregivers and volunteers regarding caring for people with dementia. From the money made available for this purpose, the board must award grants on a competitive basis to respite service providers, giving priority to areas of the state where there is a high need of respite services.

Sec. 11. Minnesota Statutes 2023 Supplement, section 256.9756, subdivision 2, is amended to read:

Subd. 2. **Eligible uses.** Grant recipients awarded grant money under this section must use a portion of the grant award as determined by the board to provide free or subsidized respite services for family caregivers of people with dementia ~~and older adults~~.

Sec. 12. Minnesota Statutes 2023 Supplement, section 256B.0913, subdivision 5, as amended by Laws 2024, chapter 85, section 68, is amended to read:

Subd. 5. **Services covered under alternative care.** (a) Alternative care funding may be used for payment of costs of:

(1) adult day services and adult day services bath;

(2) home care;

(3) homemaker services;

(4) personal care;

(5) case management and conversion case management;

(6) respite care;

(7) specialized supplies and equipment;

(8) home-delivered meals;

(9) nonmedical transportation;

(10) nursing services;

(11) chore services;

(12) companion services;

(13) nutrition services;

(14) family caregiver training and education;

(15) coaching and counseling;

(16) telehome care to provide services in their own homes in conjunction with in-home visits;

(17) consumer-directed community supports;

(18) environmental accessibility and adaptations; ~~and~~

(19) transitional services; and

~~(19)~~ (20) discretionary services, for which lead agencies may make payment from their alternative care program allocation for services not otherwise defined in this section or section 256B.0625, following approval by the commissioner.

(b) Total annual payments for discretionary services for all clients served by a lead agency must not exceed 25 percent of that lead agency's annual alternative care program base allocation, except that when alternative care services receive federal financial participation under the 1115 waiver demonstration, funding shall be allocated in accordance with subdivision 17.

EFFECTIVE DATE. This section is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 13. Minnesota Statutes 2022, section 256B.0913, subdivision 5a, is amended to read:

Subd. 5a. **Services; service definitions; service standards.** (a) Unless specified in statute, the services, service definitions, and standards for alternative care services shall be the same as the services, service definitions, and standards specified in the federally approved elderly waiver plan, except alternative care does not cover ~~transitional support services,~~ assisted living services, adult foster care services, and residential care and benefits defined under section 256B.0625 that meet primary and acute health care needs.

(b) The lead agency must ensure that the funds are not used to supplant or supplement services available through other public assistance or services programs, including supplementation of client co-pays, deductibles, premiums, or other cost-sharing arrangements for health-related benefits and services or entitlement programs and services that are available to the person, but in which they have elected not to enroll. The lead agency must ensure that the benefit department recovery system in the Medicaid Management Information System (MMIS) has the necessary information on any other health insurance or third-party insurance policy to which the client may have access. Supplies and equipment may be purchased from a vendor not certified to participate in the Medicaid program if the cost for the item is less than that of a Medicaid vendor.

(c) Personal care services must meet the service standards defined in the federally approved elderly waiver plan, except that a lead agency may authorize services to be provided by a client's relative who meets the relative hardship waiver requirements or a relative who meets the criteria and is also the responsible party under an individual service plan that ensures the client's health and safety and supervision of the personal care services by a qualified professional as defined in section 256B.0625, subdivision 19c. Relative hardship is established by the lead agency when the client's care causes a relative caregiver to do any of the following: resign from a paying job, reduce work hours resulting in lost wages, obtain a leave of absence resulting in lost wages, incur substantial client-related expenses, provide services to address authorized, unstaffed direct care time, or meet special needs of the client unmet in the formal service plan.

(d) Alternative care covers sign language interpreter services and spoken language interpreter services for recipients eligible for alternative care when the services are necessary to help deaf and hard-of-hearing recipients or recipients with limited English proficiency obtain covered services. Coverage for face-to-face spoken language interpreter services shall be provided only if the spoken language interpreter used by the enrolled health care provider is listed in the registry or roster established under section 144.058.

EFFECTIVE DATE. This section is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 14. Minnesota Statutes 2022, section 256B.434, is amended by adding a subdivision to read:

Subd. 4k. **Property rate increase for certain nursing facilities.** (a) A rate increase under this subdivision ends upon the effective date of the transition of the facility's property rate to a property payment rate under section 256R.26, subdivision 8, or May 31, 2026, whichever is earlier.

(b) The commissioner shall increase the property rate of a nursing facility located in the city of St. Paul at 1415 Almond Avenue in Ramsey County by $10.65 on January 1, 2025.

(c) The commissioner shall increase the property rate of a nursing facility located in the city of Duluth at 3111 Church Place in St. Louis County by $20.81 on January 1, 2025.

(d) The commissioner shall increase the property rate of a nursing facility located in the city of Chatfield at 1102 Liberty Street SE in Fillmore County by $21.35 on January 1, 2025.

(e) Effective January 1, 2025, through June 30, 2025, the commissioner shall increase the property rate of a nursing facility located in the city of Fergus Falls at 1131 South Mabelle Avenue in Ottertail County by $38.56.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 15. Minnesota Statutes 2022, section 256B.49, is amended by adding a subdivision to read:

Subd. 28a. **Transfer of customized living enrollment dates.** (a) For the purposes of this subdivision, "operational" has the meaning given in subdivision 28.

(b) This paragraph applies only to customized living settings enrolled and operational on or before June 30, 2021, and customized living settings that have previously transferred their customized living enrollment date under this paragraph. A provider that receives approval from the commissioner of health under section 144G.195, subdivision 1, to relocate a licensed assisted living facility that was enrolled prior to January 11, 2021, to deliver medical assistance 24-hour customized living services, or customized living services as defined by the brain injury and community access for disability inclusion federally approved home and community-based services waiver plans, may continue to operate the customized living setting under the original setting's customized living enrollment date if all of the requirements under this subdivision are met.

(c) A transfer of enrollment date is allowed under this subdivision only if the facility relocation is due to:

(1) a provider that rents the original setting being unable to continue to rent the original setting because of eviction, nonrenewal of its lease by the property owner, or sale of the property by the owner;

(2) a provider that rents the original setting being unable to make the necessary updates or improvements to the original setting to comply with the physical plant and other requirements under state or federal law, including but not limited to chapter 144G;

(3) a provider's monthly rent increasing more than three percent in a 12-month period;

(4) the original setting being destroyed or damaged by fire, lightning, flood, wind, ground shifts, or other such hazards, including environmental hazards, to such an extent that the original setting cannot be repaired and the safety of residents would be jeopardized by continuing to reside in the original setting; or

(5) a provider or an entity that directly or indirectly through one or more intermediaries is controlled by, is under common control with, or controls the entity enrolled to provide customized living services at the current setting purchases a new setting and the commissioner of health approves the relocation of the provider's assisted living facility license to the newly purchased setting.

(d) When a relocation is necessitated by a qualifying situation under paragraph (c), clauses (1) to (5), the provider must submit a notification to the commissioner of human services, the ombudsman of long-term care, the ombudsperson of mental health and developmental disabilities, relevant lead agencies, each resident's case manager, and either each person receiving services at the setting or the person's legal representative. The notification must be made at least 30 days prior to the relocation date and on forms and in the manner prescribed by the commissioner of human services.

(e) A provider proposing to transfer a customized living setting enrollment date to a new setting must submit, with the provider's notification to the commissioner of human services under paragraph (d), the following information:

(1) the addresses of the vacating location and of the proposed new location;

(2) the anticipated date of the move to the new location;

(3) contacts for the lead agency and each resident's waiver case manager;

(4) documentation that the Department of Health has received an application to relocate pursuant to section 144G.195, subdivision 1, for the new location; and

(5) documentation that the customized living provider's assisted living facility license is not conditional.

(f) The commissioner of human services has 30 days to approve or deny requests to transfer the original setting's customized living enrollment date to the new setting.

(g) The commissioner of human services must deny requests to transfer a customized living enrollment date to a new setting if:

(1) the new setting approved by the commissioner of health under section 144G.195, subdivision 1, is adjoined to or on the same property as an institution as defined in Code of Federal Regulations, title 42, section 441.301(c), or one or more licensed assisted living facilities;

(2) the requesting provider fails to notify the commissioner of human services of the proposed relocation within the time frames required under this subdivision;

(3) the requesting provider's assisted living facility license is conditional; or

(4) the requesting provider is changing ownership at the same time as the proposed relocation.

(h) The setting to which the original customized living enrollment date is transferred must:

(1) comply with setting requirements in the brain injury and community access for disability inclusion federally approved home and community-based services waiver plans and under this section as the requirements existed on the customized living enrollment date of the original setting;

(2) have a resident capacity less than or equal to the resident capacity of the original setting;

(3) not require or coerce any resident of the original setting to move to the new setting, consistent with informed choice and independent living policies under section 256B.4905, subdivisions 1a, 2a, 3a, and 8; and

(4) provide each resident with a new assisted living contract and comply with the coordinated move requirements under section 144G.55.

EFFECTIVE DATE. This section is effective January 1, 2025, or 90 days after federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 16. Minnesota Statutes 2023 Supplement, section 256R.55, is amended to read:

256R.55 ~~FINANCIALLY DISTRESSED NURSING FACILITY~~ LONG-TERM SERVICES AND SUPPORTS LOAN PROGRAM.

Subdivision 1. **~~Financially distressed nursing facility loans~~ Long-term services and supports loan program.** The commissioner of human services shall establish a competitive ~~financially distressed nursing facility~~ loan program to provide operating loans to eligible ~~nursing~~ long-term services and supports providers and facilities. The commissioner shall initiate the application process for the loan described in this section at least once annually if money is available. A second application process may be initiated each year at the discretion of the commissioner.

Subd. 2. **Eligibility.** To be an eligible applicant for a loan under this section, a ~~nursing facility~~ provider must submit to the commissioner of human services a loan application in the form and according to the timelines established by the commissioner. In its loan application, a loan applicant must demonstrate ~~that~~ the following:

(1) for nursing facilities with a medical assistance provider agreement that are licensed as a nursing home or boarding care home according to section 256R.02, subdivision 33:

~~(1)~~ (i) the total net income of the nursing facility is not generating sufficient revenue to cover the nursing facility's operating expenses;

~~(2)~~ (ii) the nursing facility is at risk of closure; and

~~(3)~~ (iii) additional operating revenue is necessary to either preserve access to nursing facility services within the community or support people with complex, high-acuity support needs~~.~~; and

(2) for other long-term services and supports providers:

(i) demonstration that the provider is enrolled in a Minnesota health care program and provides one or more of the following services in a Minnesota health care program:

(A) home and community-based services under chapter 245D;

(B) personal care assistance services under section 256B.0659;

(C) community first services and supports under section 256B.85;

(D) early intensive developmental and behavioral intervention services under section 256B.0949;

(E) home care services as defined under section 256B.0651, subdivision 1, paragraph (d); or

(F) customized living services as defined in section 256S.02; and

(ii) additional operating revenue is necessary to preserve access to services within the community, expand services to people within the community, expand services to new communities, or support people with complex, high-acuity support needs.

Subd. 2a. **Allowable uses of loan money.** (a) A loan awarded to a nursing facility under subdivision 2, clause (1), must only be used to cover the facility's short-term operating expenses. Nursing facilities receiving loans must not use the loan proceeds to pay related organizations as defined in section 256R.02, subdivision 43.

(b) A loan awarded to a long-term services and supports provider under subdivision 2, clause (2), must only be used to cover expenses related to achieving outcomes identified in subdivision 2, clause (2), item (ii).

Subd. 3. **Approving loans.** The commissioner must evaluate all loan applications on a competitive basis and award loans to successful applicants within available appropriations for this purpose. The commissioner's decisions are final and not subject to appeal.

Subd. 4. **Disbursement schedule.** Successful loan applicants under this section may receive loan disbursements as a lump sum~~,~~ or on an agreed upon disbursement schedule~~, or as a time-limited line of credit~~. The commissioner shall approve disbursements to successful loan applicants through a memorandum of understanding. Memoranda of understanding must specify the amount and schedule of loan disbursements.

Subd. 5. **Loan administration.** The commissioner may contract with an independent third party to administer the loan program under this section.

Subd. 6. **Loan payments.** The commissioner shall negotiate the terms of the loan repayment, including the start of the repayment plan, the due date of the repayment, and the frequency of the repayment installments. Repayment installments must not begin until at least 18 months after the first disbursement date. The memoranda of understanding must specify the amount and schedule of loan payments. The repayment term must not exceed 72 months. If any loan payment to the commissioner is not paid within the time specified by the memoranda of understanding, the late payment must be assessed a penalty rate of 0.01 percent of the original loan amount each month the payment is past due. For nursing facilities, this late fee is not an allowable cost on the department's cost report. The commissioner shall have the power to abate penalties when discrepancies occur resulting from but not limited to circumstances of error and mail delivery.

Subd. 7. **Loan repayment.** (a) If a borrower is more than 60 calendar days delinquent in the timely payment of a contractual payment under this section, the provisions in paragraphs (b) to (e) apply.

(b) The commissioner may withhold some or all of the amount of the delinquent loan payment, together with any penalties due and owing on those amounts, from any money the department owes to the borrower. The commissioner may, at the commissioner's discretion, also withhold future contractual payments from any money the commissioner owes the provider as those contractual payments become due and owing. The commissioner may continue this withholding until the commissioner determines there is no longer any need to do so.

(c) The commissioner shall give prior notice of the commissioner's intention to withhold by mail, facsimile, or email at least ten business days before the date of the first payment period for which the

withholding begins. The notice must be deemed received as of the date of mailing or receipt of the facsimile or electronic notice. The notice must:

(1) state the amount of the delinquent contractual payment;

(2) state the amount of the withholding per payment period;

(3) state the date on which the withholding is to begin;

(4) state whether the commissioner intends to withhold future installments of the provider's contractual payments; and

(5) state other contents as the commissioner deems appropriate.

(d) The commissioner, or the commissioner's designee, may enter into written settlement agreements with a provider to resolve disputes and other matters involving unpaid loan contractual payments or future loan contractual payments.

(e) Notwithstanding any law to the contrary, all unpaid loans, plus any accrued penalties, are overpayments for the purposes of section 256B.0641, subdivision 1. The current owner of a nursing home ~~or~~, boarding care home, or long-term services and supports provider is liable for the overpayment amount owed by a former owner for any facility sold, transferred, or reorganized.

Subd. 8. **Audit.** Loan money allocated under this section is subject to audit to determine whether the money was spent as authorized under this section.

Subd. 8a. **Special revenue account.** A long-term services and supports loan account is created in the special revenue fund in the state treasury. Money appropriated for the purposes of this section must be transferred to the long-term services and supports loan account. All payments received under subdivision 6, along with fees, penalties, and interest, must be deposited into the special revenue account and are appropriated to the commissioner for the purposes of this section.

Subd. 9. **Carryforward.** Notwithstanding section 16A.28, subdivision 3, ~~any appropriation~~ money in the long-term services and supports loan account for the purposes under this section carries forward and does not lapse ~~until the close of the fiscal year in which this section expires~~.

~~Subd. 10. **Expiration.** This section expires June 30, 2029.~~

EFFECTIVE DATE. This section is effective July 1, 2024, except that subdivision 8a is effective retroactively from July 1, 2023.

Sec. 17. **[256S.191] ELDERLY WAIVER BUDGET AND RATE EXCEPTIONS; HIGH-NEED PARTICIPANTS.**

Subdivision 1. **Eligibility for budget and rate exceptions.** A participant is eligible to request an elderly waiver budget and rate exception when:

(1) hospitalization of the participant is no longer medically necessary but the participant has not been discharged to the community due to lack of community care options;

(2) the participant requires a support plan that exceeds elderly waiver budgets and rates due to the participant's specific assessed needs; and

(3) the participant meets all eligibility criteria for the elderly waiver.

Subd. 2. **Requests for budget and rate exceptions.** (a) A participant eligible under subdivision 1 may request, in a format prescribed by the commissioner, an elderly waiver budget and rate exception when requesting an eligibility determination for elderly waiver services. The participant may request an exception to the elderly waiver case mix caps, the customized living service rate limits, service rates, or any combination of the three.

(b) The participant must document in the request that the participant's needs cannot be met within the existing case mix caps, customized living service rate limits, or service rates and how an exception to any of the three will meet the participant's needs.

(c) The participant must include in the request the basis for the underlying costs used to determine the overall cost of the proposed service plan.

(d) The commissioner must respond to all exception requests, whether the request is granted, denied, or granted as modified. The commissioner must include in the response the basis for the action and provide notification of the right to appeal.

(e) Participants granted exceptions under this section must apply annually in a format prescribed by the commissioner to continue or modify the exception.

(f) A participant no longer qualifies for an exception when the participant's needs can be met within standard elderly waiver budgets and rates.

EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 18. Minnesota Statutes 2022, section 256S.205, subdivision 2, is amended to read:

Subd. 2. **Rate adjustment application.** (a) Effective through September 30, 2023, a facility may apply to the commissioner for designation as a disproportionate share facility. Applications must be submitted annually between September 1 and September 30. The applying facility must apply in a manner determined by the commissioner. The applying facility must document each of the following on the application:

(1) the number of customized living residents in the facility on September 1 of the application year, broken out by specific waiver program; and

(2) the total number of people residing in the facility on September 1 of the application year.

(b) Effective October 1, 2023, the commissioner must not process any new applications for disproportionate share facilities after the September 1 through September 30, 2023, application period.

(c) A facility that receives rate floor payments in rate year 2024 may submit an application under this subdivision to maintain its designation as a disproportionate share facility for rate year 2025.

Sec. 19. Minnesota Statutes 2022, section 256S.205, subdivision 3, is amended to read:

Subd. 3. **Rate adjustment eligibility criteria.** (a) Effective through September 30, 2023, only facilities satisfying all of the following conditions on September 1 of the application year are eligible for designation as a disproportionate share facility:

(1) at least 83.5 percent of the residents of the facility are customized living residents; and

(2) at least 70 percent of the customized living residents are elderly waiver participants.

(b) A facility determined eligible for the disproportionate share rate adjustment in application year 2023 and receiving payments in rate year 2024 is eligible to receive payments in rate year 2025 only if the commissioner determines that the facility continues to meet the eligibility requirements under this subdivision as determined by the application process under subdivision 2, paragraph (c).

Sec. 20. Minnesota Statutes 2022, section 256S.205, subdivision 5, is amended to read:

Subd. 5. **Rate adjustment; rate floor.** (a) Effective through December 31, 2025, notwithstanding the 24-hour customized living monthly service rate limits under section 256S.202, subdivision 2, and the component service rates established under section 256S.201, subdivision 4, the commissioner must establish a rate floor equal to ~~$119~~ $141 per resident per day for 24-hour customized living services provided to an elderly waiver participant in a designated disproportionate share facility.

(b) The commissioner must apply the rate floor to the services described in paragraph (a) provided during the rate year.

~~(c) The commissioner must adjust the rate floor by the same amount and at the same time as any adjustment to the 24-hour customized living monthly service rate limits under section 256S.202, subdivision 2.~~

~~(d) The commissioner shall not implement the rate floor under this section if the customized living rates established under sections 256S.21 to 256S.215 will be implemented at 100 percent on January 1 of the year following an application year.~~

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 21. Minnesota Statutes 2022, section 256S.205, is amended by adding a subdivision to read:

Subd. 7. **Expiration.** This section expires January 1, 2026.

Sec. 22. **DIRECTION TO COMMISSIONER; HOME AND COMMUNITY-BASED SERVICES SYSTEM REFORM ANALYSIS.**

(a) The commissioner of human services must study Minnesota's existing home and community-based services system for older adults and evaluate options to meet the needs of older adults with high support needs that cannot be addressed by services or individual participant budgets available under the elderly waiver. The commissioner must propose reforms to the home and community-based services system to meet the following goals:

(1) address the needs of older adults with high support needs, including older adults with high support needs currently residing in the community;

(2) develop provider capacity to meet the needs of older adults with high support needs; and

(3) ensure access to a full range of services and supports necessary to address the needs of older adults with high support needs.

(b) The commissioner must submit a report with recommendations to meet the goals in paragraph (a) to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy by December 31, 2025.

Sec. 23. **REVISOR INSTRUCTION.**

The revisor of statutes shall renumber Minnesota Statutes, section 256R.55, as Minnesota Statutes, section 256.4792, and correct all cross-references.

ARTICLE 3

SUBSTANCE USE DISORDER SERVICES

Section 1. Minnesota Statutes 2022, section 151.065, subdivision 7, is amended to read:

Subd. 7. **Deposit of fees.** (a) The license fees collected under this section, with the exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state government special revenue fund.

(b) $5,000 of each fee collected under subdivision 1, clauses (6) to (9), and (11) to (15), and subdivision 3, clauses (4) to (7), and (9) to (13), and $55,000 of each fee collected under subdivision 1, clause (16), and subdivision 3, clause (14), shall be deposited in the opiate epidemic response fund established in section 256.043.

~~(c) If the fees collected under subdivision 1, clause (16), or subdivision 3, clause (14), are reduced under section 256.043, $5,000 of the reduced fee shall be deposited in the opiate epidemic response fund in section 256.043.~~

Sec. 2. Minnesota Statutes 2023 Supplement, section 245.91, subdivision 4, is amended to read:

Subd. 4. **Facility or program.** "Facility" or "program" means a nonresidential or residential program as defined in section 245A.02, subdivisions 10 and 14, and any agency, facility, or program that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance that is required to be licensed, certified, or registered by the commissioner of human services, health, or education; a sober home as defined in section 254B.01, subdivision 11; peer recovery support services provided by a recovery community organization as defined in section 254B.01, subdivision 8; and an acute care inpatient facility that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance.

Sec. 3. Minnesota Statutes 2023 Supplement, section 245G.07, subdivision 2, is amended to read:

Subd. 2. **Additional treatment service.** A license holder may provide or arrange the following additional treatment service as a part of the client's individual treatment plan:

(1) relationship counseling provided by a qualified professional to help the client identify the impact of the client's substance use disorder on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to the client's substance use disorder;

(2) therapeutic recreation to allow the client to participate in recreational activities without the use of mood-altering chemicals and to plan and select leisure activities that do not involve the inappropriate use of chemicals;

(3) stress management and physical well-being to help the client reach and maintain an appropriate level of health, physical fitness, and well-being;

(4) living skills development to help the client learn basic skills necessary for independent living;

(5) employment or educational services to help the client become financially independent;

(6) socialization skills development to help the client live and interact with others in a positive and productive manner;

(7) room, board, and supervision at the treatment site to provide the client with a safe and appropriate environment to gain and practice new skills; and

(8) peer recovery support services must be provided by ~~an individual in~~ a recovery peer qualified according to section 245I.04, subdivision 18. Peer recovery support services ~~include education; advocacy; mentoring through self-disclosure of personal recovery experiences; attending recovery and other support groups with a client; accompanying the client to appointments that support recovery; assistance accessing resources to obtain housing, employment, education, and advocacy services; and nonclinical recovery support to assist the transition from treatment into the recovery community~~ must be provided according to sections 254B.05, subdivision 5, and 254B.052.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 4. Minnesota Statutes 2023 Supplement, section 245I.04, subdivision 19, is amended to read:

Subd. 19. **Recovery peer scope of practice.** (a) A recovery peer, under the supervision of ~~an~~ a licensed alcohol and drug counselor or mental health professional who meets the qualifications under subdivision 2, must:

(1) provide individualized peer support and individual recovery planning to each client;

(2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports; and

(3) support a client's maintenance of skills that the client has learned from other services.

(b) A licensed alcohol and drug counselor or mental health professional providing supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely or in person, at least once per month in order to provide adequate supervision to the recovery peer. Supervision must include reviewing individual recovery plans, as defined in section 254B.01, subdivision 4e, and reviewing documentation of peer recovery support services provided for clients and may include client updates, discussion of ethical considerations, and any other questions or issues relevant to peer recovery support services.

Sec. 5. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision to read:

Subd. 4e. **Individual recovery plan.** "Individual recovery plan" means a person-centered outline of supports that an eligible vendor of peer recovery support services under section 254B.05, subdivision 1, must develop to respond to an individual's peer recovery support services needs and goals.

Sec. 6. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision to read:

Subd. 8a. **Recovery peer.** "Recovery peer" means a person who is qualified according to section 245I.04, subdivision 18, to provide peer recovery support services within the scope of practice provided under section 245I.04, subdivision 19.

Sec. 7. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended to read:

Subdivision 1. **Licensure or certification required.** (a) Programs licensed by the commissioner are eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors, notwithstanding the provisions of section 245A.03. American Indian programs that provide substance use disorder treatment, extended care, transitional residence, or outpatient treatment services, and are licensed by tribal government are eligible vendors.

(b) A licensed professional in private practice as defined in section 245G.01, subdivision 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible vendor of a comprehensive assessment and assessment summary provided according to section 245G.05, and treatment services provided according to sections 245G.06 and 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses (1) to (6).

(c) A county is an eligible vendor for a comprehensive assessment and assessment summary when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 5, and completed according to the requirements of section 245G.05. A county is an eligible vendor of care coordination services when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and provided according to the requirements of section 245G.07, subdivision 1, paragraph (a), clause (5). A county is an eligible vendor of peer recovery services when the services are provided by an individual who meets the requirements of section 245G.11, subdivision 8.

(d) A recovery community organization that meets the requirements of clauses (1) to ~~(10)~~ (12) and meets ~~membership~~ certification or accreditation requirements of ~~the Association of Recovery Community Organizations~~ the Alliance for Recovery Centered Organizations, the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide recovery ~~community~~ organization identified by the commissioner is an eligible vendor of peer recovery support services. A Minnesota statewide recovery organization identified by the commissioner must update recovery community organization applicants for certification or accreditation on the status of the application within 45 days of receipt. If the approved statewide recovery organization denies an application, it must provide a written explanation for the denial to the recovery community organization. Eligible vendors under this paragraph must:

(1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be free from conflicting self-interests, and be autonomous in decision-making, program development, peer recovery support services provided, and advocacy efforts for the purpose of supporting the recovery community organization's mission;

(2) be led and governed by individuals in the recovery community, with more than 50 percent of the board of directors or advisory board members self-identifying as people in personal recovery from substance use disorders;

(3) ~~primarily focus on recovery from substance use disorders, with missions and visions that support this primary focus~~ have a mission statement and conduct corresponding activities indicating that the organization's primary purpose is to support recovery from substance use disorder;

(4) ~~be grassroots and reflective of and engaged with the community served~~ demonstrate ongoing community engagement with the identified primary region and population served by the organization, including individuals in recovery and their families, friends, and recovery allies;

(5) be accountable to the recovery community through documented priority-setting and participatory decision-making processes that promote the ~~involvement and~~ engagement of, and consultation with, people in recovery and their families, friends, and recovery allies;

(6) provide nonclinical peer recovery support services, including but not limited to recovery support groups, recovery coaching, telephone recovery support, skill-building ~~groups~~, and harm-reduction activities, and provide recovery public education and advocacy;

(7) have written policies that allow for and support opportunities for all paths toward recovery and refrain from excluding anyone based on their chosen recovery path, which may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based paths;

(8) ~~be purposeful in meeting the diverse~~ maintain organizational practices to meet the needs of Black, Indigenous, and people of color communities, ~~including~~ LGBTQ+ communities, and other underrepresented or marginalized communities. Organizational practices may include board and staff ~~development activities, organizational practices~~ training, service offerings, advocacy efforts, and culturally informed outreach and ~~service plans~~ services;

(9) ~~be stewards of~~ use recovery-friendly language in all media and written materials that is supportive of and promotes recovery across diverse geographical and cultural contexts and reduces stigma; ~~and~~

(10) establish and maintain ~~an employee and volunteer~~ a publicly available recovery community organization code of ethics and ~~easily accessible~~ grievance policy and procedures ~~posted in physical spaces, on websites, or on program policies or forms.~~;

(11) provide an orientation for recovery peers that includes an overview of the consumer advocacy services provided by the Ombudsman for Mental Health and Developmental Disabilities and other relevant advocacy services; and

(12) provide notice to peer recovery support services participants that includes the following statement: "If you have a complaint about the provider or the person providing your peer recovery support services, you may contact the Minnesota Alliance of Recovery Community Organizations. You may also contact the Office of Ombudsman for Mental Health and Developmental Disabilities." The statement must also include:

(i) the telephone number, website address, email address, and mailing address of the Minnesota Alliance of Recovery Community Organizations and the Office of Ombudsman for Mental Health and Developmental Disabilities;

(ii) the recovery community organization's name, address, email, telephone number, and name or title of the person at the recovery community organization to whom problems or complaints may be directed; and

(iii) a statement that the recovery community organization will not retaliate against a peer recovery support services participant because of a complaint.

(e) A recovery community ~~organizations~~ organization approved by the commissioner before June 30, 2023, ~~shall retain their designation as recovery community organizations~~ must have begun the application process as required by an approved certifying or accrediting entity and have begun the process to meet the requirements under paragraph (d) by September 1, 2024, in order to be considered as an eligible vendor of peer recovery support services.

(f) A recovery community organization that is aggrieved by an accreditation, certification, or membership determination and believes it meets the requirements under paragraph (d) may appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (15), for reconsideration as an eligible vendor. If the human services judge determines that the recovery community organization meets the requirements under paragraph (d), the recovery community organization is an eligible vendor of peer recovery support services.

(g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or nonresidential substance use disorder treatment or withdrawal management program by the commissioner or by tribal government or do not meet the requirements of subdivisions 1a and 1b are not eligible vendors.

(h) Hospitals, federally qualified health centers, and rural health clinics are eligible vendors of a comprehensive assessment when the comprehensive assessment is completed according to section 245G.05 and by an individual who meets the criteria of an alcohol and drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor must be individually enrolled with the commissioner and reported on the claim as the individual who provided the service.

(i) Any complaints about a recovery community organization or peer recovery support services may be made to and reviewed or investigated by the ombudsperson for behavioral health and developmental disabilities under sections 245.91 and 245.94.

EFFECTIVE DATE. This section is effective the day following final enactment, except the amendments adding paragraph (d), clauses (11) and (12), and paragraph (i) are effective July 1, 2025.

Sec. 8. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, as amended by Laws 2024, chapter 85, section 59, is amended to read:

Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance use disorder services and service enhancements funded under this chapter.

(b) Eligible substance use disorder treatment services include:

(1) those licensed, as applicable, according to chapter 245G or applicable Tribal license and provided according to the following ASAM levels of care:

(i) ASAM level 0.5 early intervention services provided according to section 254B.19, subdivision 1, clause (1);

(ii) ASAM level 1.0 outpatient services provided according to section 254B.19, subdivision 1, clause (2);

(iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19, subdivision 1, clause (3);

(iv) ASAM level 2.5 partial hospitalization services provided according to section 254B.19, subdivision 1, clause (4);

(v) ASAM level 3.1 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (5);

(vi) ASAM level 3.3 clinically managed population-specific high-intensity residential services provided according to section 254B.19, subdivision 1, clause (6); and

(vii) ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7);

(2) comprehensive assessments provided according to sections 245.4863, paragraph (a), and 245G.05;

(3) treatment coordination services provided according to section 245G.07, subdivision 1, paragraph (a), clause (5);

(4) peer recovery support services provided according to section 245G.07, subdivision 2, clause (8);

(5) withdrawal management services provided according to chapter 245F;

(6) hospital-based treatment services that are licensed according to sections 245G.01 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to 144.56;

(7) adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18 or as residential treatment programs according to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or applicable tribal license;

(8) ASAM 3.5 clinically managed high-intensity residential services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and are provided by a state-operated vendor or to clients who have been civilly committed to the commissioner, present the most complex and difficult care needs, and are a potential threat to the community; and

(9) room and board facilities that meet the requirements of subdivision 1a.

(c) The commissioner shall establish higher rates for programs that meet the requirements of paragraph (b) and one of the following additional requirements:

(1) programs that serve parents with their children if the program:

(i) provides on-site child care during the hours of treatment activity that:

(A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter 9503; or

(B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or

(ii) arranges for off-site child care during hours of treatment activity at a facility that is licensed under chapter 245A as:

(A) a child care center under Minnesota Rules, chapter 9503; or

(B) a family child care home under Minnesota Rules, chapter 9502;

(2) culturally specific or culturally responsive programs as defined in section 254B.01, subdivision 4a;

(3) disability responsive programs as defined in section 254B.01, subdivision 4b;

(4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to two hours per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or

(5) programs that offer services to individuals with co-occurring mental health and substance use disorder problems if:

(i) the program meets the co-occurring requirements in section 245G.20;

(ii) 25 percent of the counseling staff are licensed mental health professionals under section 245I.04, subdivision 2, or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and mental health professional under section 245I.04, subdivision 2, except that no more than 50 percent of the mental health staff may be students or licensing candidates with time documented to be directly related to provisions of co-occurring services;

(iii) clients scoring positive on a standardized mental health screen receive a mental health diagnostic assessment within ten days of admission;

(iv) the program has standards for multidisciplinary case review that include a monthly review for each client that, at a minimum, includes a licensed mental health professional and licensed alcohol and drug counselor, and their involvement in the review is documented;

(v) family education is offered that addresses mental health and substance use disorder and the interaction between the two; and

(vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder training annually.

(d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program that provides arrangements for off-site child care must maintain current documentation at the substance use disorder facility of the child care provider's current licensure to provide child care services.

(e) Adolescent residential programs that meet the requirements of Minnesota Rules, parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements in paragraph (c), clause (5), items (i) to (iv).

(f) ~~Subject to federal approval,~~ Substance use disorder services that are otherwise covered as direct face-to-face services may be provided via telehealth as defined in section 256B.0625, subdivision 3b. The use of telehealth to deliver services must be medically appropriate to the condition and needs of the person being served. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to direct face-to-face services.

(g) For the purpose of reimbursement under this section, substance use disorder treatment services provided in a group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under this chapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio.

(h) Payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner.

(i) Payment for substance use disorder services under this section must start from the day of service initiation, when the comprehensive assessment is completed within the required timelines.

(j) Eligible vendors of peer recovery support services must:

(1) submit to a review by the commissioner of up to ten percent of all medical assistance and behavioral health fund claims to determine the medical necessity of peer recovery support services for entities billing for peer recovery support services individually and not receiving a daily rate; and

(2) limit an individual client to 14 hours per week for peer recovery support services from an individual provider of peer recovery support services.

(k) Peer recovery support services not provided in accordance with section 254B.052 are subject to monetary recovery under section 256B.064 as money improperly paid.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 9. **[254B.052] PEER RECOVERY SUPPORT SERVICES REQUIREMENTS.**

Subdivision 1. **Peer recovery support services; service requirements.** (a) Peer recovery support services are face-to-face interactions between a recovery peer and a client, on a one-on-one basis, in which specific goals identified in an individual recovery plan, treatment plan, or stabilization plan are discussed and addressed. Peer recovery support services are provided to promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports and to support maintenance of a client's recovery.

(b) Peer recovery support services must be provided according to an individual recovery plan if provided by a recovery community organization or county, a treatment plan if provided in a substance use disorder treatment program under chapter 245G, or a stabilization plan if provided by a withdrawal management program under chapter 245F.

(c) A client receiving peer recovery support services must participate in the services voluntarily. Any program that incorporates peer recovery support services must provide written notice to the client that peer recovery support services will be provided.

(d) Peer recovery support services may not be provided to a client residing with or employed by a recovery peer from whom they receive services.

Subd. 2. **Individual recovery plan.** (a) The individual recovery plan must be developed with the client and must be completed within the first three sessions with a recovery peer.

(b) The recovery peer must document how each session ties into the client's individual recovery plan. The individual recovery plan must be updated as needed. The individual recovery plan must include:

(1) the client's name;

(2) the recovery peer's name;

(3) the name of the recovery peer's supervisor;

(4) the client's recovery goals;

(5) the client's resources and assets to support recovery;

(6) activities that may support meeting identified goals; and

(7) the planned frequency of peer recovery support services sessions between the recovery peer and the client.

Subd. 3. **Eligible vendor documentation requirements.** An eligible vendor of peer recovery support services under section 254B.05, subdivision 1, must keep a secure file for each individual receiving medical assistance peer recovery support services. The file must include, at a minimum:

(1) the client's comprehensive assessment under section 245G.05 that led to the client's referral for peer recovery support services;

(2) the client's individual recovery plan; and

(3) documentation of each billed peer recovery support services interaction between the client and the recovery peer, including the date, start and end time with a.m. and p.m. designations, the client's response, and the name of the recovery peer who provided the service.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 10. Minnesota Statutes 2023 Supplement, section 254B.19, subdivision 1, is amended to read:

Subdivision 1. **Level of care requirements.** (a) For each client assigned an ASAM level of care, eligible vendors must implement the standards set by the ASAM for the respective level of care. Additionally, vendors must meet the following requirements:

(1) For ASAM level 0.5 early intervention targeting individuals who are at risk of developing a substance-related problem but may not have a diagnosed substance use disorder, early intervention services may include individual or group counseling, treatment coordination, peer recovery support, screening brief intervention, and referral to treatment provided according to section 254A.03, subdivision 3, paragraph (c).

(2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per week of skilled treatment services and adolescents must receive up to five hours per week. Services must be licensed according to section 245G.20 and meet requirements under section 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly skilled treatment service hours allowable per week.

(3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours per week of skilled treatment services and adolescents must receive six or more hours per week. Vendors must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Peer recovery services and treatment coordination may be provided beyond the hourly skilled treatment service hours allowable per week. If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a.

(4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or more of skilled treatment services. Services must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need daily monitoring in a structured setting, as directed by the individual treatment plan and in accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a.

(5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs must provide at least 5 hours of skilled treatment services per week according to each client's specific treatment schedule, as directed by the individual treatment plan. Programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759.

(6) For ASAM level 3.3 clinically managed population-specific high-intensity residential clients, programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must be enrolled as a disability responsive program as described in section 254B.01, subdivision 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive impairment so significant, and the resulting level of impairment so great, that

outpatient or other levels of residential care would not be feasible or effective. Programs must provide, at a minimum, daily skilled treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan.

(7) For ASAM level 3.5 clinically managed high-intensity residential clients, services must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage and provide, at a minimum, daily skilled treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan.

(8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal management must be provided according to chapter 245F.

(9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal management must be provided according to chapter 245F.

(b) Notwithstanding the minimum daily skilled treatment service requirements under paragraph (a), clauses (6) and (7), ASAM level 3.3 and 3.5 vendors must provide each client at least 30 hours of treatment services per week for the period between January 1, 2024, through June 30, 2024.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 11. Minnesota Statutes 2023 Supplement, section 256.043, subdivision 3, is amended to read:

Subd. 3. **Appropriations from registration and license fee account.** (a) The appropriations in paragraphs (b) to (n) shall be made from the registration and license fee account on a fiscal year basis in the order specified.

(b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be made accordingly.

(c) $100,000 is appropriated to the commissioner of human services for grants for opiate antagonist distribution. Grantees may utilize funds for opioid overdose prevention, community asset mapping, education, and opiate antagonist distribution.

(d) $2,000,000 is appropriated to the commissioner of human services for grants to Tribal nations and five urban Indian communities for traditional healing practices for American Indians and to increase the capacity of culturally specific providers in the behavioral health workforce.

(e) $400,000 is appropriated to the commissioner of human services for competitive grants for opioid-focused Project ECHO programs.

(f) $277,000 in fiscal year 2024 and $321,000 each year thereafter is appropriated to the commissioner of human services to administer the funding distribution and reporting requirements in paragraph (o).

(g) $3,000,000 in fiscal year 2025 and $3,000,000 each year thereafter is appropriated to the commissioner of human services for safe recovery sites start-up and capacity building grants under section 254B.18.

(h) $395,000 in fiscal year 2024 and $415,000 each year thereafter is appropriated to the commissioner of human services for the opioid overdose surge alert system under section 245.891.

(i) $300,000 is appropriated to the commissioner of management and budget for evaluation activities under section 256.042, subdivision 1, paragraph (c).

(j) $261,000 is appropriated to the commissioner of human services for the provision of administrative services to the Opiate Epidemic Response Advisory Council and for the administration of the grants awarded under paragraph (n).

(k) $126,000 is appropriated to the Board of Pharmacy for the collection of the registration fees under section 151.066.

(l) $672,000 is appropriated to the commissioner of public safety for the Bureau of Criminal Apprehension. Of this amount, $384,000 is for drug scientists and lab supplies and $288,000 is for special agent positions focused on drug interdiction and drug trafficking.

(m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining amount is appropriated to the commissioner of human services for distribution to county social service agencies and Tribal social service agency initiative projects authorized under section 256.01, subdivision 14b, to provide prevention and child protection services to children and families who are affected by addiction. The commissioner shall distribute this money proportionally to county social service agencies and Tribal social service agency initiative projects through a formula based on intake data from the previous three calendar years related to substance use and out-of-home placement episodes where parental drug abuse is ~~the primary~~ a reason for the out-of-home placement ~~using data from the previous calendar year~~. County social service agencies and Tribal social service agency initiative projects receiving funds from the opiate epidemic response fund must annually report to the commissioner on how the funds were used to provide prevention and child protection services, including measurable outcomes, as determined by the commissioner. County social service agencies and Tribal social service agency initiative projects must not use funds received under this paragraph to supplant current state or local funding received for child protection services for children and families who are affected by addiction.

(n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in the account is appropriated to the commissioner of human services to award grants as specified by the Opiate Epidemic Response Advisory Council in accordance with section 256.042, unless otherwise appropriated by the legislature.

(o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service agencies and Tribal social service agency initiative projects under paragraph (m) and grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n) may be distributed on a calendar year basis.

(p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.

Sec. 12. **[256B.0761] REENTRY DEMONSTRATION WAIVER.**

Subdivision 1. **Establishment.** The commissioner must submit a waiver application to the Centers for Medicare and Medicaid Services to implement a medical assistance demonstration project to provide health care and coordination services that bridge to community-based services for individuals confined in state, local, or Tribal correctional facilities, or facilities located outside of the seven-county metropolitan area that have an inmate census with a significant proportion of Tribal members or American Indians, prior to community reentry. The demonstration must be designed to:

(1) increase continuity of coverage;

(2) improve access to health care services, including mental health services, physical health services, and substance use disorder treatment services;

(3) enhance coordination between Medicaid systems, health and human services systems, correctional systems, and community-based providers;

(4) reduce overdoses and deaths following release;

(5) decrease disparities in overdoses and deaths following release; and

(6) maximize health and overall community reentry outcomes.

Subd. 2. **Eligible individuals.** Notwithstanding section 256B.055, subdivision 14, individuals are eligible to receive services under this demonstration if they are eligible under section 256B.055, subdivision 3a, 6, 7, 7a, 9, 15, 16, or 17, as determined by the commissioner in collaboration with correctional facilities, local governments, and Tribal governments.

Subd. 3. **Eligible correctional facilities.** (a) The commissioner's waiver application is limited to:

(1) three state correctional facilities to be determined by the commissioner of corrections, one of which must be the Minnesota Correctional Facility-Shakopee;

(2) two facilities for delinquent children and youth licensed under section 241.021, subdivision 2, identified in coordination with the Minnesota Juvenile Detention Association and the Minnesota Sheriffs' Association;

(3) four correctional facilities for adults licensed under section 241.021, subdivision 1, identified in coordination with the Minnesota Sheriffs' Association and the Association of Minnesota Counties; and

(4) one correctional facility owned and managed by a Tribal government or a facility located outside of the seven-county metropolitan area that has an inmate census with a significant proportion of Tribal members or American Indians.

(b) Additional facilities may be added to the waiver contingent on legislative authorization and appropriations.

Subd. 4. **Services and duration.** (a) Services must be provided 90 days prior to an individual's release date or, if an individual's confinement is less than 90 days, during the time period between a medical assistance eligibility determination and the release to the community.

(b) Facilities must offer the following services using either community-based or corrections-based providers:

(1) case management activities to address physical and behavioral health needs, including a comprehensive assessment of individual needs, development of a person-centered care plan, referrals and other activities to address assessed needs, and monitoring and follow-up activities;

(2) drug coverage in accordance with section 256B.0625, subdivision 13, including up to a 30-day supply of drugs upon release;

(3) substance use disorder comprehensive assessments according section 254B.05, subdivision 5, paragraph (b), clause (2);

(4) treatment coordination services according to section 254B.05, subdivision 5, paragraph (b), clause (3);

(5) peer recovery support services according to sections 245I.04, subdivisions 18 and 19, and 254B.05, subdivision 5, paragraph (b), clause (4);

(6) substance use disorder individual and group counseling provided according to sections 245G.07, subdivision 1, paragraph (a), clause (1), and 254B.05;

(7) mental health diagnostic assessments as required under section 245I.10;

(8) group and individual psychotherapy as required under section 256B.0671;

(9) peer specialist services as required under sections 245I.04 and 256B.0615;

(10) family planning and obstetrics and gynecology services; and

(11) physical health well-being and screenings and care for adults and youth.

(c) Services outlined in this subdivision must only be authorized when an individual demonstrates medical necessity or other eligibility as required under this chapter or applicable state and federal laws.

Subd. 5. **Provider requirements and standards.** (a) Service providers must adhere to applicable licensing and provider standards as required by federal guidance.

(b) Service providers must be enrolled to provide services under Minnesota health care programs.

(c) Services must be provided by eligible providers employed by the correctional facility or by eligible community providers under contract with the correctional facility.

(d) The commissioner must determine whether each facility is ready to participate in this demonstration based on a facility-submitted assessment of the facility's readiness to implement:

(1) prerelease medical assistance application and enrollment processes for inmates not enrolled in medical assistance coverage;

(2) the provision or facilitation of all required prerelease services for a period of up to 90 days prior to release;

(3) coordination among county and Tribal human services agencies and all other entities with a role in furnishing health care and supports to address health related social needs;

(4) appropriate reentry planning, prerelease care management, and assistance with care transitions to the community;

(5) operational approaches to implementing certain Medicaid and CHIP requirements including applications, suspensions, notices, fair hearings, and reasonable promptness for coverage of services;

(6) a data exchange process to support care coordination and transition activities; and

(7) reporting of all requested data to the commissioner of human services to support program monitoring, evaluation, oversight, and all financial data to meet reinvestment requirements.

(e) Participating facilities must detail reinvestment plans for all new federal Medicaid money expended for reentry services that were previously the responsibility of each facility and provide detailed financial reports to the commissioner.

Subd. 6. **Payment rates.** (a) Payment rates for services under this section that are approved under Minnesota's state plan agreement with the Centers for Medicare and Medicaid Services are equal to current and applicable state law and federal requirements.

(b) Case management payment rates are equal to rates authorized by the commissioner for relocation targeted case management under section 256B.0621, subdivision 10.

(c) Claims for covered drugs purchased through discount purchasing programs, such as the Federal Supply Schedule of the United States General Services Administration or the MMCAP Infuse program, must be no more than the actual acquisition cost plus the professional dispensing fee in section 256B.0625, subdivision 13e. Drugs administered to members must be billed on a professional claim in accordance with section 256B.0625, subdivision 13e, paragraph (e), and submitted with the actual acquisition cost for the drug on the claim line. Pharmacy claims must be submitted with the actual acquisition cost as the ingredient cost field and the dispensing fee in section 256B.0625, subdivision 13e, as the dispensing fee field on the claim with the basis of cost indicator of 08. Providers may establish written protocols for establishing or calculating the facility's actual acquisition drug cost based on a monthly, quarterly, or other average of the facility's actual acquisition drug cost through the discount purchasing program. A written protocol must not include an inflation, markup, spread, or margin to be added to the provider's actual purchase price after subtracting all discounts.

Subd. 7. **Reentry services working group.** (a) The commissioner of human services, in collaboration with the commissioner of corrections, must convene a reentry services working group to consider ways to improve the demonstration under this section and related policies for justice-involved individuals.

(b) The working group must be composed of balanced representation, including:

(1) people with lived experience; and

(2) representatives from:

(i) community health care providers;

(ii) the Minnesota Sheriffs' Association;

(iii) the Minnesota Association for County Social Service Administrators;

(iv) the Association of Minnesota Counties;

(v) the Minnesota Juvenile Detention Association;

(vi) the Office of Addiction and Recovery;

(vii) NAMI Minnesota;

(viii) the Minnesota Association of Resources for Recovery and Chemical Health;

(ix) Tribal Nations; and

(x) the Minnesota Alliance of Recovery Community Organizations.

(c) The working group must:

(1) advise on the waiver application, implementation, monitoring, evaluation, and reinvestment plans;

(2) recommend strategies to improve processes that ensure notifications of the individual's release date, current location, postrelease location, and other relevant information are provided to state, county, and Tribal eligibility systems and managed care organizations;

(3) consider the value of expanding, replicating, or adapting the components of the demonstration authorized under this section to additional populations;

(4) consider information technology and other implementation needs for participating correctional facilities; and

(5) recommend ideas to fund expanded reentry services.

EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval, whichever is later, except subdivision 7 is effective July 1, 2024. The commissioner of human services must notify the revisor of statutes when federal approval is obtained.

Sec. 13. Minnesota Statutes 2022, section 256B.69, subdivision 4, is amended to read:

Subd. 4. **Limitation of choice.** (a) The commissioner shall develop criteria to determine when limitation of choice may be implemented in the experimental counties. The criteria shall ensure that all eligible individuals in the county have continuing access to the full range of medical assistance services as specified in subdivision 6.

(b) The commissioner shall exempt the following persons from participation in the project, in addition to those who do not meet the criteria for limitation of choice:

(1) persons eligible for medical assistance according to section 256B.055, subdivision 1;

(2) persons eligible for medical assistance due to blindness or disability as determined by the Social Security Administration or the state medical review team, unless:

(i) they are 65 years of age or older; or

(ii) they reside in Itasca County or they reside in a county in which the commissioner conducts a pilot project under a waiver granted pursuant to section 1115 of the Social Security Act;

(3) recipients who currently have private coverage through a health maintenance organization;

(4) recipients who are eligible for medical assistance by spending down excess income for medical expenses other than the nursing facility per diem expense;

(5) recipients who receive benefits under the Refugee Assistance Program, established under United States Code, title 8, section 1522(e);

(6) children who are both determined to be severely emotionally disturbed and receiving case management services according to section 256B.0625, subdivision 20, except children who are eligible for and who decline enrollment in an approved preferred integrated network under section 245.4682;

(7) adults who are both determined to be seriously and persistently mentally ill and received case management services according to section 256B.0625, subdivision 20;

(8) persons eligible for medical assistance according to section 256B.057, subdivision 10;

(9) persons with access to cost-effective employer-sponsored private health insurance or persons enrolled in a non-Medicare individual health plan determined to be cost-effective according to section 256B.0625, subdivision 15; ~~and~~

(10) persons who are absent from the state for more than 30 consecutive days but still deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision 1, paragraph (b)~~.~~; and

(11) persons who are enrolled in the reentry demonstration waiver under section 256B.0761.

Children under age 21 who are in foster placement may enroll in the project on an elective basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an elective basis. The commissioner may enroll recipients in the prepaid medical assistance program for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending down excess income.

(c) The commissioner may allow persons with a one-month spenddown who are otherwise eligible to enroll to voluntarily enroll or remain enrolled, if they elect to prepay their monthly spenddown to the state.

(d) The commissioner may require those individuals to enroll in the prepaid medical assistance program who otherwise would have been excluded under paragraph (b), clauses (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L.

(e) Before limitation of choice is implemented, eligible individuals shall be notified and after notification, shall be allowed to choose only among demonstration providers. The commissioner may assign an individual with private coverage through a health maintenance organization, to the same health maintenance organization for medical assistance coverage, if the health maintenance organization is under contract for medical assistance in the individual's county of residence. After initially choosing a provider, the recipient is allowed to change that choice only at specified times as allowed by the commissioner. If a demonstration provider ends participation in the project for any reason, a recipient enrolled with that provider must select a new provider but may change providers without cause once more within the first 60 days after enrollment with the second provider.

(f) An infant born to a woman who is eligible for and receiving medical assistance and who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to the month of birth in the same managed care plan as the mother once the child is enrolled in medical assistance unless the child is determined to be excluded from enrollment in a prepaid plan under this section.

EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval, whichever is later. The commissioner of human services must notify the revisor of statutes when federal approval is obtained.

Sec. 14. Minnesota Statutes 2022, section 604A.04, subdivision 3, is amended to read:

Subd. 3. **Health care professionals; release from liability.** (a) A licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting in good faith, may directly or by standing order prescribe, dispense, distribute, or administer an opiate antagonist to a person without being subject to civil liability or criminal prosecution for the act. This immunity applies even when the opiate antagonist is eventually administered in either or both of the following instances: (1) by someone other than the person to whom it is prescribed; or (2) to someone other than the person to whom it is prescribed.

(b) A local unit of government, if acting in good faith, may distribute and administer an opiate antagonist that is obtained pursuant to paragraph (a) without being subject to civil liability or criminal prosecution for the act.

Sec. 15. **DIRECTION TO OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES.**

By September 30, 2025, the ombudsman for mental health and developmental disabilities must provide a report to the governor and the chairs and ranking minority members of the legislative committees with jurisdiction over human services that contains summary information on complaints received regarding peer recovery support services provided by a recovery community organization as defined in Minnesota Statutes, section 254B.01, and any recommendations to the legislature to improve the quality of peer recovery support services, recovery peer worker misclassification, and peer recovery support services billing codes and procedures.

Sec. 16. **PEER RECOVERY SUPPORT SERVICES AND RECOVERY COMMUNITY ORGANIZATION WORKING GROUP.**

Subdivision 1. **Establishment; duties.** The commissioner of human services must convene a working group to develop recommendations on:

(1) peer recovery support services billing rates and practices, including a billing model for providing services to groups of up to four clients and groups larger than four clients at one time;

(2) acceptable activities to bill for peer recovery services, including group activities and transportation related to individual recovery plans;

(3) ways to address authorization for additional service hours and a review of the amount of peer recovery support services clients may need;

(4) improving recovery peer supervision and reimbursement for the costs of providing recovery peer supervision for provider organizations;

(5) certification or other regulation of recovery community organizations and recovery peers; and

(6) policy and statutory changes to improve access to peer recovery support services and increase oversight of provider organizations.

Subd. 2. **Membership; meetings.** (a) Members of the working group must include but not be limited to:

(1) a representative of the Minnesota Alliance of Recovery Community Organizations;

(2) a representative of the Minnesota Association of Resources for Recovery and Chemical Health;

(3) representatives from at least three recovery community organizations who are eligible vendors of peer recovery support services under Minnesota Statutes, section 254B.05, subdivision 1;

(4) at least two currently practicing recovery peers qualified under Minnesota Statutes, section 245I.04, subdivision 18;

(5) at least two individuals currently providing supervision for recovery peers according to Minnesota Statutes, section 245I.04, subdivision 19;

(6) the commissioner of human services or a designee;

(7) a representative of county social services agencies; and

(8) a representative of a Tribal social services agency.

(b) Members of the working group may include a representative of the Alliance for Recovery Centered Organizations and a representative of the Council on Accreditation of Peer Recovery Support Services.

(c) The commissioner of human services must make appointments to the working group by October 1, 2024, and convene the first meeting of the working group by December 1, 2024.

(d) The commissioner of human services must provide administrative support and meeting space for the working group. The working group may conduct meetings remotely.

Subd. 3. **Report.** The commissioner must complete and submit a report on the recommendations in this section to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on or before August 1, 2025.

Subd. 4. **Expiration.** The working group expires upon submission of the report to the legislature under subdivision 3.

Sec. 17. **CAPACITY BUILDING AND IMPLEMENTATION GRANTS FOR THE MEDICAL ASSISTANCE REENTRY DEMONSTRATION.**

The commissioner of human services must establish capacity-building grants for eligible local correctional facilities as they prepare to implement reentry demonstration services under Minnesota Statutes, section 256B.0761. Allowable expenditures under this grant include:

(1) developing, in coordination with incarcerated individuals and community members with lived experience, processes and protocols listed under Minnesota Statutes, section 256B.0761, subdivision 5, paragraph (d);

(2) establishing or modifying information technology systems to support implementation of the reentry demonstration waiver;

(3) personnel costs; and

(4) other expenses as determined by the commissioner.

Sec. 18. **1115 WAIVER FOR MEDICAL ASSISTANCE REENTRY DEMONSTRATION.**

The commissioner of human services must submit an application to the United States Secretary of Health and Human Services to implement a medical assistance reentry demonstration that covers services for incarcerated individuals as described under Minnesota Statutes, section 256B.0761. Coverage of prerelease services is contingent on federal approval of the demonstration and the required implementation and reinvestment plans.

Sec. 19. **RESIDENTIAL SUBSTANCE USE DISORDER RATE INCREASE.**

The commissioner of human services must increase rates for residential substance use disorder services as authorized under Minnesota Statutes, section 254B.05, subdivision 5, paragraph (a), by three percent for the 1115 demonstration base rates in effect as of January 1, 2024.

EFFECTIVE DATE. This section is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services must notify the revisor of statutes when federal approval is obtained.

Sec. 20. **REPEALER.**

Minnesota Statutes 2022, section 256.043, subdivision 4, is repealed.

EFFECTIVE DATE. This section is effective July 1, 2024.

ARTICLE 4

PRIORITY ADMISSIONS AND CIVIL COMMITMENT

Section 1. Minnesota Statutes 2022, section 245I.23, subdivision 19a, is amended to read:

Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder that prohibits clients from leaving the facility by locking exit doors or other permissible methods must meet the additional requirements of this subdivision.

(b) The license holder must meet all applicable building and fire codes to operate a building with locked exit doors. The license holder must have the appropriate license from the Department of Health, as determined by the Department of Health, for operating a program with locked exit doors.

~~(c) The license holder's policies and procedures must clearly describe the types of court orders that authorize the license holder to prohibit clients from leaving the facility.~~

~~(d)~~ (c) For each client present in the facility under a court order, the license holder must maintain documentation of the court order for treatment authorizing the license holder to prohibit the client from leaving the facility.

~~(e)~~ (d) Upon a client's admission to a locked program facility, the license holder must document in the client file that the client was informed:

(1) that the client has the right to leave the facility according to the client's rights under section 144.651, subdivision 21, ~~if the client is not subject to a court order authorizing the license holder to prohibit the client from leaving the facility; or~~ and that leaving the facility against medical advice may result in legal consequences; and

(2) that the client ~~cannot~~ may not be able to leave the facility ~~due to a court order authorizing the license holder to prohibit the client from leaving the facility~~ as required under chapter 253B.

~~(f)~~ (e) If ~~the license holder prohibits~~ a client ~~from leaving the facility~~ is prohibited from leaving the facility under chapter 253B, the client's treatment plan must reflect this restriction.

Sec. 2. Minnesota Statutes 2022, section 246.129, as amended by Laws 2024, chapter 79, article 1, section 9, is amended to read:

246.129 LEGISLATIVE APPROVAL REQUIRED.

If the closure of a state-operated facility is proposed, and the executive board and respective bargaining units fail to arrive at a mutually agreed upon solution to transfer affected state employees to other state jobs,

the closure of the facility requires legislative approval. ~~This does not apply to state-operated enterprise services.~~

Sec. 3. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1a, is amended to read:

Subd. 1a. **Anoka-Metro Regional Treatment Center.** (a) A county's payment of the cost of care provided at Anoka-Metro Regional Treatment Center shall be according to the following schedule:

(1) zero percent for the first 30 days;

(2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate for the client; and

(3) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged.

(b) If payments received by the state under sections 246.50 to 246.53 exceed 80 percent of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause (2), the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53.

(c) Between July 1, 2023, and ~~June 30~~ March 31, 2025, the county is not responsible for the cost of care under paragraph (a), clause (3), for a person who is committed as a person who has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting transfer to another state-operated facility or program. This paragraph expires ~~June 30~~ March 31, 2025.

(d) Between April 1, 2025, and June 30, 2025, the county is not responsible for the cost of care under paragraph (a), clause (3), for a person who is civilly committed, if the client is awaiting transfer:

(1) to a facility operated by the Department of Corrections; or

(2) to another state-operated facility or program, and the Direct Care and Treatment executive medical director's office or a designee has determined that:

(i) the client meets criteria for admission to that state-operated facility or program; and

(ii) the state-operated facility or program is the only facility or program that can reasonably serve the client. This paragraph expires June 30, 2025.

~~(d)~~ (e) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision.

Sec. 4. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1b, is amended to read:

Subd. 1b. **Community behavioral health hospitals.** (a) A county's payment of the cost of care provided at state-operated community-based behavioral health hospitals for adults and children shall be according to the following schedule:

(1) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged; and

(2) the county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53.

(b) Between July 1, 2023, and ~~June 30~~ March 31, 2025, the county is not responsible for the cost of care under paragraph (a), clause (1), for a person committed as a person who has a mental illness and is dangerous to the public under section 253B.18 and who is awaiting transfer to another state-operated facility or program. This paragraph expires ~~June 30~~ March 31, 2025.

(c) Between April 1, 2025, and June 30, 2025, the county is not responsible for the cost of care under paragraph (a), clause (1), for a person who is civilly committed, if the client is awaiting transfer:

(1) to a facility operated by the Department of Corrections; or

(2) to another state-operated facility or program, and the Direct Care and Treatment executive medical director's office or a designee has determined that:

(i) the client meets criteria for admission to that state-operated facility or program; and

(ii) the state-operated facility or program is the only facility or program that can reasonably serve the client. This paragraph expires June 30, 2025.

~~(c)~~ (d) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision.

Sec. 5. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, as amended by Laws 2024, chapter 79, article 5, section 8, is amended to read:

Subdivision 1. **Administrative requirements.** (a) When a person is committed, the court shall issue a warrant or an order committing the patient to the custody of the head of the treatment facility, state-operated treatment program, or community-based treatment program. The warrant or order shall state that the patient meets the statutory criteria for civil commitment.

(b) The executive board shall prioritize civilly committed patients being admitted from jail or a correctional institution or who are referred to a state-operated treatment facility for competency attainment or a competency examination under sections 611.40 to 611.59 for admission to a medically appropriate state-operated direct care and treatment bed based on the decisions of physicians in the executive medical director's office, using a priority admissions framework. The framework must account for a range of factors for priority admission, including but not limited to:

(1) ~~ordered confined in a state-operated treatment program for an examination under Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission to a state-operated direct care and treatment program since the date of the order under paragraph (a), or the date of an order issued under sections 611.40 to 611.59;

(2) ~~under civil commitment for competency treatment and continuing supervision under Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7~~ the intensity of the treatment the person needs, based on medical acuity;

(3) ~~found not guilty by reason of mental illness under Minnesota Rules of Criminal Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be detained in a state-operated treatment program pending completion of the civil commitment proceedings; or~~ the person's revoked provisional discharge status;

(4) ~~committed under this chapter to the executive board after dismissal of the patient's criminal charges.~~ the person's safety and safety of others in the person's current environment;

(5) whether the person has access to necessary or court-ordered treatment;

(6) distinct and articulable negative impacts of an admission delay on the facility referring the individual for treatment; and

(7) any relevant federal prioritization requirements.

Patients described in this paragraph must be admitted to a state-operated treatment program within 48 hours. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2, must be prioritized for admission to a state-operated treatment program using the priority admissions framework in this paragraph.

(c) Upon the arrival of a patient at the designated treatment facility, state-operated treatment program, or community-based treatment program, the head of the facility or program shall retain the duplicate of the warrant and endorse receipt upon the original warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed in the court of commitment. After arrival, the patient shall be under the control and custody of the head of the facility or program.

(d) Copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the patient, the report of the court examiners, and the prepetition report, and any medical and behavioral information available shall be provided at the time of admission of a patient to the designated treatment facility or program to which the patient is committed. Upon a patient's referral to the executive board for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or correctional facility that has provided care or supervision to the patient in the previous two years shall, when requested by the treatment facility or commissioner, provide copies of the patient's medical and behavioral records to the executive board for purposes of preadmission planning. This information shall be provided by the head of the treatment facility to treatment facility staff in a consistent and timely manner and pursuant to all applicable laws.

(e) Patients described in paragraph (b) must be admitted to a state-operated treatment program within 48 hours of the Office of Executive Medical Director, under section 246C.09, or a designee determining that a medically appropriate bed is available. This paragraph expires on June 30, 2025.

(f) Within four business days of determining which state-operated direct care and treatment program or programs are appropriate for an individual, the executive medical director's office or a designee must notify the source of the referral and the responsible county human services agency, the individual being ordered to direct care and treatment, and the district court that issued the order of the determination. The notice shall include which program or programs are appropriate for the person's priority status. Any interested person may provide additional information or request updated priority status about the individual to the executive medical director's office or a designee while the individual is awaiting admission. Updated priority status of an individual will only be disclosed to interested persons who are legally authorized to receive private information about the individual. When an available bed has been identified, the executive medical director's office or a designee must notify the designated agency and the facility where the individual is awaiting admission that the individual has been accepted for admission to a particular state-operated direct care and treatment program and the earliest possible date the admission can occur. The designated agency or facility where the individual is awaiting admission must transport the individual to the admitting state-operated direct care and treatment program no more than 48 hours after the offered admission date.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 6. Minnesota Statutes 2023 Supplement, section 256B.0622, subdivision 8, is amended to read:

Subd. 8. **Medical assistance payment for assertive community treatment and intensive residential treatment services.** (a) Payment for intensive residential treatment services and assertive community treatment in this section shall be based on one daily rate per provider inclusive of the following services received by an eligible client in a given calendar day: all rehabilitative services under this section, staff travel time to provide rehabilitative services under this section, and nonresidential crisis stabilization services under section 256B.0624.

(b) Except as indicated in paragraph ~~(c)~~ (d), payment will not be made to more than one entity for each client for services provided under this section on a given day. If services under this section are provided by a team that includes staff from more than one entity, the team must determine how to distribute the payment among the members.

(c) Payment must not be made based solely on a court order to participate in intensive residential treatment services. If a client has a court order to participate in the program or to obtain assessment for treatment and follow treatment recommendations, payment under this section must only be provided if the client is eligible for the service and the service is determined to be medically necessary.

~~(c)~~ (d) The commissioner shall determine one rate for each provider that will bill medical assistance for residential services under this section and one rate for each assertive community treatment provider. If a single entity provides both services, one rate is established for the entity's residential services and another rate for the entity's nonresidential services under this section. A provider is not eligible for payment under this section without authorization from the commissioner. The commissioner shall develop rates using the following criteria:

(1) the provider's cost for services shall include direct services costs, other program costs, and other costs determined as follows:

(i) the direct services costs must be determined using actual costs of salaries, benefits, payroll taxes, and training of direct service staff and service-related transportation;

(ii) other program costs not included in item (i) must be determined as a specified percentage of the direct services costs as determined by item (i). The percentage used shall be determined by the commissioner based upon the average of percentages that represent the relationship of other program costs to direct services costs among the entities that provide similar services;

(iii) physical plant costs calculated based on the percentage of space within the program that is entirely devoted to treatment and programming. This does not include administrative or residential space;

(iv) assertive community treatment physical plant costs must be reimbursed as part of the costs described in item (ii); and

(v) subject to federal approval, up to an additional five percent of the total rate may be added to the program rate as a quality incentive based upon the entity meeting performance criteria specified by the commissioner;

(2) actual cost is defined as costs which are allowable, allocable, and reasonable, and consistent with federal reimbursement requirements under Code of Federal Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and Office of Management and Budget Circular Number A-122, relating to nonprofit entities;

(3) the number of service units;

(4) the degree to which clients will receive services other than services under this section; and

(5) the costs of other services that will be separately reimbursed.

~~(d)~~ (e) The rate for intensive residential treatment services and assertive community treatment must exclude the medical assistance room and board rate, as defined in section 256B.056, subdivision 5d, and services not covered under this section, such as partial hospitalization, home care, and inpatient services.

~~(e)~~ (f) Physician services that are not separately billed may be included in the rate to the extent that a psychiatrist, or other health care professional providing physician services within their scope of practice, is a member of the intensive residential treatment services treatment team. Physician services, whether billed separately or included in the rate, may be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning given to "mental health telehealth" in section 256B.0625, subdivision 46, when telehealth is used to provide intensive residential treatment services.

~~(f)~~ (g) When services under this section are provided by an assertive community treatment provider, case management functions must be an integral part of the team.

~~(g)~~ (h) The rate for a provider must not exceed the rate charged by that provider for the same service to other payors.

~~(h)~~ (i) The rates for existing programs must be established prospectively based upon the expenditures and utilization over a prior 12-month period using the criteria established in paragraph ~~(c)~~ (d). The rates for new programs must be established based upon estimated expenditures and estimated utilization using the criteria established in paragraph ~~(c)~~ (d).

~~(i)~~ (j) Effective for the rate years beginning on and after January 1, 2024, rates for assertive community treatment, adult residential crisis stabilization services, and intensive residential treatment services must be annually adjusted for inflation using the Centers for Medicare and Medicaid Services Medicare Economic Index, as forecasted in the fourth quarter of the calendar year before the rate year. The inflation adjustment must be based on the 12-month period from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined.

~~(j)~~ (k) Entities who discontinue providing services must be subject to a settle-up process whereby actual costs and reimbursement for the previous 12 months are compared. In the event that the entity was paid more than the entity's actual costs plus any applicable performance-related funding due the provider, the excess payment must be reimbursed to the department. If a provider's revenue is less than actual allowed costs due to lower utilization than projected, the commissioner may reimburse the provider to recover its actual allowable costs. The resulting adjustments by the commissioner must be proportional to the percent of total units of service reimbursed by the commissioner and must reflect a difference of greater than five percent.

~~(k)~~ (l) A provider may request of the commissioner a review of any rate-setting decision made under this subdivision.

Sec. 7. **PRIORITY ADMISSIONS REVIEW PANEL.**

(a) A panel appointed by the commissioner of human services, consisting of all members who served on the Task Force on Priority Admissions to State-Operated Treatment Programs under Laws 2023, chapter 61, article 8, section 13, subdivision 2, and one member who has an active role as a union representative

representing staff at Direct Care and Treatment appointed by joint representatives of the American Federation of State, County and Municipal Employees (AFSCME); Minnesota Association of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle Management Association (MMA); and State Residential Schools Education Association (SRSEA) must:

(1) evaluate the 48-hour timeline for priority admissions required under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), and develop policy and legislative proposals related to the priority admissions timeline in order to minimize litigation costs, maximize capacity in and access to state-operated treatment programs, and address issues related to individuals awaiting admission to state-operated treatment programs in jails and correctional institutions; and

(2) by February 1, 2025, submit a written report to the chairs and ranking minority members of the legislative committees with jurisdiction over public safety and human services that includes legislative proposals to amend Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), to modify the 48-hour priority admissions timeline.

(b) The panel appointed under paragraph (a) must also advise the commissioner on the effectiveness of the framework and priority admissions generally and review de-identified data quarterly for one year following the implementation of the priority admissions framework to ensure that the framework is implemented and applied equitably. If the panel requests to review data that are classified as private or confidential and the commissioner determines that the data requested are necessary for the scope of the panel's review, the commissioner is authorized to disclose private or confidential data to the panel under this paragraph and pursuant to Minnesota Statutes, section 13.05, subdivision 4, paragraph (b), for private or confidential data collected prior to the effective date of this section.

(c) After the panel completes one year of review, a quality committee established by the Direct Care and Treatment executive board must continue to review data; seek input from counties, hospitals, community providers, and advocates; and provide a routine report to the executive board on the effectiveness of the framework and priority admissions.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 8. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; REIMBURSEMENT TO BELTRAMI COUNTY AND TODD COUNTY FOR CERTAIN COST OF CARE PAYMENTS.**

(a) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivisions 1a and 1b; Minnesota Statutes 2022, section 246.54, subdivisions 1a and 1b; or any other law to the contrary, the commissioner of human services must not sanction or otherwise seek payment from Beltrami County for outstanding debts for the cost of care provided between July 1, 2022, and June 30, 2023, under:

(1) Minnesota Statutes, section 246.54, subdivision 1a, paragraph (a), clause (3), to a person committed as a person who has a mental illness and is dangerous to the public under Minnesota Statutes, section 253B.18, and who was awaiting transfer from Anoka-Metro Regional Treatment Center to another state-operated facility or program; or

(2) Minnesota Statutes, section 246.54, subdivision 1b, paragraph (a), clause (1), to a person committed as a person who has a mental illness and is dangerous to the public under Minnesota Statutes, section 253B.18, and who was awaiting transfer from a state-operated community-based behavioral health hospital to another state-operated facility or program.

(b) Notwithstanding Minnesota Statutes 2021 Supplement, section 246.54, subdivision 1a; Minnesota Statutes 2022, section 246.54, subdivision 1a; or any other law to the contrary, the commissioner of human services must not sanction or otherwise seek payment from Todd County for outstanding debts for the cost of care provided in Anoka-Metro Regional Treatment Center from August 22, 2023, to February 3, 2024, not to exceed $387,000.

(c) The commissioner must reimburse Beltrami County and Todd County with state-only money any amount previously paid to the state or otherwise recovered by the commissioner from Beltrami County or Todd County for the cost of care identified in paragraphs (a) and (b).

(d) Nothing in this section prohibits the commissioner from seeking reimbursement from Beltrami County for the cost of care provided in Anoka-Metro Regional Treatment Center or a state-operated community-based behavioral health hospital for care not described in paragraph (a).

(e) Nothing in this section prohibits the commissioner of human services from seeking reimbursement from Todd County for the cost of care provided in Anoka-Metro Regional Treatment Center or by any state-operated facility or program in excess of the amount specified in paragraph (b).

(f) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this section.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 9. **MENTALLY ILL AND DANGEROUS CIVIL COMMITMENT REFORM TASK FORCE.**

Subdivision 1. **Establishment; purpose.** The Mentally Ill and Dangerous Civil Commitment Reform Task Force is established to evaluate current statutes related to mentally ill and dangerous civil commitments and develop recommendations to optimize the use of state-operated mental health resources and increase equitable access and outcomes for patients.

Subd. 2. **Membership.** (a) The Mentally Ill and Dangerous Civil Commitment Reform Task Force consists of the members appointed as follows:

(1) the commissioner of human services or a designee;

(2) two members representing the Department of Direct Care and Treatment who have experience with mentally ill and dangerous civil commitments, appointed by the commissioner of human services;

(3) the ombudsman for mental health and developmental disabilities;

(4) a judge with experience presiding over mentally ill and dangerous civil commitments, appointed by the state court administrator;

(5) a court examiner with experience participating in mentally ill and dangerous civil commitments, appointed by the state court administrator;

(6) a member of the Special Review Board, appointed by the state court administrator;

(7) a county representative, appointed by the Association of Minnesota Counties;

(8) a representative appointed by the Minnesota Association of County Social Service Administrators;

(9) a county attorney with experience participating in mentally ill and dangerous civil commitments, appointed by the Minnesota County Attorneys Association;

(10) an attorney with experience representing respondents in mentally ill and dangerous civil commitments, appointed by the governor;

(11) a member appointed by the Minnesota Association of Community Mental Health Programs;

(12) a member appointed by the National Alliance on Mental Illness Minnesota;

(13) a licensed independent practitioner with experience treating individuals subject to a mentally ill and dangerous civil commitment;

(14) an individual with lived experience under civil commitment as mentally ill and dangerous and who is on a provisional discharge or has been discharged from commitment;

(15) a family member of an individual with lived experience under civil commitment as mentally ill and dangerous and who is on a provisional discharge or has been discharged from commitment;

(16) at least one Tribal government representative; and

(17) a member appointed by the Minnesota Disability Law Center.

(b) A member of the legislature may not serve as a member of the task force.

(c) Appointments to the task force must be made no later than July 30, 2024.

Subd. 3. **Compensation; removal; vacancy.** (a) Notwithstanding Minnesota Statutes, section 15.059, subdivision 6, members of the task force may be compensated as provided under Minnesota Statutes, section 15.059, subdivision 3.

(b) A member may be removed by the appointing authority at any time at the pleasure of the appointing authority. In the case of a vacancy on the task force, the appointing authority shall appoint an individual to fill the vacancy for the remainder of the unexpired term.

Subd. 4. **Officers; meetings.** (a) The commissioner of human services shall convene the first meeting of the task force no later than September 1, 2024.

(b) The task force must elect a chair and vice-chair from among its members and may elect other officers as necessary.

(c) The task force is subject to Minnesota Statutes, chapter 13D.

Subd. 5. **Staff.** The commissioner of human services must provide staff assistance to support the work of the task force.

Subd. 6. **Data usage and privacy.** Any data provided by executive agencies as part of the work and report of the task force are subject to the requirements of Minnesota Statutes, chapter 13, and all other applicable data privacy laws.

Subd. 7. **Duties.** The task force must:

(1) analyze current trends in mentally ill and dangerous civil commitments, including but not limited to the length of stay for individuals committed in Minnesota as compared to other jurisdictions;

(2) review national practices and criteria for civil commitment of individuals who have a mental illness and represent a danger to the public;

(3) develop recommended statutory changes necessary to provide services to the high number of mentally ill and dangerous civilly committed individuals;

(4) develop funding and statutory recommendations for alternatives to the current mentally ill and dangerous civil commitment process;

(5) identify what types of placements and services are necessary to serve individuals civilly committed as mentally ill and dangerous in the community;

(6) make recommendations to reduce barriers to discharge from the forensic mental health program for individuals civilly committed as mentally ill and dangerous;

(7) develop recommended plain language statutory changes to clarify operational definitions for terms used within Minnesota Statutes, section 253B.18;

(8) develop recommended statutory changes to provide clear direction to the commissioner of human services and facilities to which individuals are civilly committed to address situations in which an individual is committed as mentally ill and dangerous and is later determined to not have an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory; and

(9) evaluate and make statutory and funding recommendations for the voluntary return of individuals civilly committed as mentally ill and dangerous to community facilities.

Subd. 8. **Report required.** By August 1, 2025, the task force shall submit to the chairs and ranking minority members of the legislative committees with jurisdiction over mentally ill and dangerous civil commitments a written report that includes the outcome of the duties in subdivision 7, including but not limited to recommended statutory changes.

Subd. 9. **Expiration.** The task force expires January 1, 2026.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 10. **ENGAGEMENT SERVICES PILOT GRANTS.**

Subdivision 1. **Creation.** The engagement services pilot grant program is established in the Department of Human Services to provide grants to counties or certified community behavioral health clinics under section 245.735 that have a letter of support from a county to provide engagement services under section 253B.041. The commissioner of human services must award one grant under this section to Otter Tail County. Engagement services must provide culturally responsive early interventions to prevent an individual from meeting the criteria for civil commitment and promote positive outcomes.

Subd. 2. **Allowable grant activities.** (a) Grantees must use grant money to:

(1) develop a system to respond to requests for engagement services;

(2) provide the following engagement services, taking into account an individual's preferences for treatment services and supports:

(i) assertive attempts to engage an individual in voluntary treatment for mental illness for at least 90 days;

(ii) efforts to engage an individual's existing support systems and interested persons, including but not limited to providing education on restricting means of harm and suicide prevention, when the provider determines that such engagement would be helpful; and

(iii) collaboration with the individual to meet the individual's immediate needs, including but not limited to housing access, food and income assistance, disability verification, medication management, and medical treatment;

(3) conduct outreach to families and providers; and

(4) evaluate the impact of engagement services on decreasing civil commitments, increasing engagement in treatment, decreasing police involvement with individuals exhibiting symptoms of serious mental illness, and other measures.

(b) Grantees must seek reimbursement for all activities and provided services eligible for medical assistance.

(c) Engagement services staff must have completed training on person-centered care. Staff may include but are not limited to mobile crisis providers under Minnesota Statutes, section 256B.0624; certified peer specialists under Minnesota Statutes, section 256B.0615; community-based treatment programs staff; and homeless outreach workers.

Sec. 11. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; LIMITED EXCEPTION FOR ADMISSION FROM HOSPITAL SETTINGS.**

The commissioner of human services must immediately approve an exception to add up to ten patients who have been civilly committed and are in hospital settings to the waiting list for admission to medically appropriate direct care and treatment beds under Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b). This section expires upon the commissioner's approval of the exception for ten patients who have been civilly committed and are awaiting admission.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 12. **COUNTY CORRECTIONAL FACILITY LONG-ACTING INJECTABLE ANTIPSYCHOTIC MEDICATION PILOT PROGRAM.**

Subdivision 1. **Authorization.** The commissioner of human services must establish a pilot program that provides payments to counties to support county correctional facilities in administering long-acting injectable antipsychotic medications to prisoners for mental health treatment.

Subd. 2. **Application.** Counties may submit requests for reimbursement for costs incurred pursuant to subdivision 3 on an application form specified by the commissioner. Requests for reimbursement for the cost of a long-acting injectable antipsychotic medication must be accompanied by the correctional facility's invoice for the long-acting injectable antipsychotic medication. The commissioner must issue an application to each county board at least once per calendar quarter until money for the pilot program is expended.

Subd. 3. **Pilot program payments; allowable uses.** Counties must use payments received under this section for reimbursement of costs incurred during the most recent calendar quarter for:

(1) long-acting injectable antipsychotic medications for prisoners in county correctional facilities; and

(2) health care costs related to the administration of long-acting injectable antipsychotic medications for prisoners in correctional facilities.

Subd. 4. **Pilot program payment allocation.** (a) The commissioner may allocate up to one quarter of the total appropriation for the pilot program each quarter. If the amount of money for eligible requests received exceeds the amount of money available in the quarter, the commissioner shall determine an equitable allocation of payments among the applicants.

(b) The commissioner may review costs and set a reasonable cap on the reimbursement amount for medications and treatment.

(c) The commissioner's determination of payment amounts and allocation methods is final and not subject to appeal.

Subd. 5. **Report.** By December 15, 2025, the commissioner must provide a summary report on the pilot program to the chairs and ranking minority members of the legislative committees with jurisdiction over mental health and county correctional facilities.

Sec. 13. **REPORT ON INPATIENT SUBSTANCE USE DISORDER BEDS.**

By January 15, 2025, the Direct Care and Treatment executive board must submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy with options for increasing inpatient substance use disorder beds operated by the executive board. One option must include the development of an inpatient substance use disorder program operated by the executive board within 35 miles of the existing CARE-St. Peter facility.

ARTICLE 5

DIRECT CARE AND TREATMENT

Section 1. Minnesota Statutes 2023 Supplement, section 10.65, subdivision 2, is amended to read:

Subd. 2. **Definitions.** As used in this section, the following terms have the meanings given:

(1) "agency" means the Department of Administration; Department of Agriculture; Department of Children, Youth, and Families; Department of Commerce; Department of Corrections; Department of Education; Department of Employment and Economic Development; Department of Health; Office of Higher Education; Housing Finance Agency; Department of Human Rights; Department of Human Services; Department of Information Technology Services; Department of Iron Range Resources and Rehabilitation; Department of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services; Department of Military Affairs; Metropolitan Council; Department of Natural Resources; Pollution Control Agency; Department of Public Safety; Department of Revenue; Department of Transportation; Department of Veterans Affairs; Direct Care and Treatment; Gambling Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; and the Board of Water and Soil Resources;

(2) "consultation" means the direct and interactive involvement of the Minnesota Tribal governments in the development of policy on matters that have Tribal implications. Consultation is the proactive, affirmative process of identifying and seeking input from appropriate Tribal governments and considering their interest as a necessary and integral part of the decision-making process. This definition adds to statutorily mandated notification procedures. During a consultation, the burden is on the agency to show that it has made a good faith effort to elicit feedback. Consultation is a formal engagement between agency officials and the governing

body or bodies of an individual Minnesota Tribal government that the agency or an individual Tribal government may initiate. Formal meetings or communication between top agency officials and the governing body of a Minnesota Tribal government is a necessary element of consultation;

(3) "matters that have Tribal implications" means rules, legislative proposals, policy statements, or other actions that have substantial direct effects on one or more Minnesota Tribal governments, or on the distribution of power and responsibilities between the state and Minnesota Tribal governments;

(4) "Minnesota Tribal governments" means the federally recognized Indian Tribes located in Minnesota including: Bois Forte Band; Fond Du Lac Band; Grand Portage Band; Leech Lake Band; Mille Lacs Band; White Earth Band; Red Lake Nation; Lower Sioux Indian Community; Prairie Island Indian Community; Shakopee Mdewakanton Sioux Community; and Upper Sioux Community; and

(5) "timely and meaningful" means done or occurring at a favorable or useful time that allows the result of consultation to be included in the agency's decision-making process for a matter that has Tribal implications.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 2. Minnesota Statutes 2022, section 13.46, subdivision 1, as amended by Laws 2024, chapter 79, article 9, section 1, and Laws 2024, chapter 80, article 8, section 1, is amended to read:

Subdivision 1. **Definitions.** As used in this section:

(a) "Individual" means an individual according to section 13.02, subdivision 8, but does not include a vendor of services.

(b) "Program" includes all programs for which authority is vested in a component of the welfare system according to statute or federal law, including but not limited to Native American Tribe programs that provide a service component of the welfare system, the Minnesota family investment program, medical assistance, general assistance, general assistance medical care formerly codified in chapter 256D, the child care assistance program, and child support collections.

(c) "Welfare system" includes the Department of Human Services; ~~the Department of~~ Direct Care and Treatment; the Department of Children, Youth, and Families; local social services agencies; county welfare agencies; county public health agencies; county veteran services agencies; county housing agencies; private licensing agencies; the public authority responsible for child support enforcement; human services boards; community mental health center boards, state hospitals, state nursing homes, the ombudsman for mental health and developmental disabilities; Native American Tribes to the extent a Tribe provides a service component of the welfare system; and persons, agencies, institutions, organizations, and other entities under contract to any of the above agencies to the extent specified in the contract.

(d) "Mental health data" means data on individual clients and patients of community mental health centers, established under section 245.62, mental health divisions of counties and other providers under contract to deliver mental health services, ~~Department of~~ Direct Care and Treatment mental health services, or the ombudsman for mental health and developmental disabilities.

(e) "Fugitive felon" means a person who has been convicted of a felony and who has escaped from confinement or violated the terms of probation or parole for that offense.

(f) "Private licensing agency" means an agency licensed by the commissioner of children, youth, and families under chapter 142B to perform the duties under section 142B.30.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 3. Minnesota Statutes 2023 Supplement, section 13.46, subdivision 2, as amended by Laws 2024, chapter 80, article 8, section 2, is amended to read:

Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or disseminated by the welfare system are private data on individuals, and shall not be disclosed except:

(1) according to section 13.05;

(2) according to court order;

(3) according to a statute specifically authorizing access to the private data;

(4) to an agent of the welfare system and an investigator acting on behalf of a county, the state, or the federal government, including a law enforcement person or attorney in the investigation or prosecution of a criminal, civil, or administrative proceeding relating to the administration of a program;

(5) to personnel of the welfare system who require the data to verify an individual's identity; determine eligibility, amount of assistance, and the need to provide services to an individual or family across programs; coordinate services for an individual or family; evaluate the effectiveness of programs; assess parental contribution amounts; and investigate suspected fraud;

(6) to administer federal funds or programs;

(7) between personnel of the welfare system working in the same program;

(8) to the Department of Revenue to assess parental contribution amounts for purposes of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit programs and to identify individuals who may benefit from these programs, and prepare the databases for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section 6. The following information may be disclosed under this paragraph: an individual's and their dependent's names, dates of birth, Social Security or individual taxpayer identification numbers, income, addresses, and other data as required, upon request by the Department of Revenue. Disclosures by the commissioner of revenue to the commissioner of human services for the purposes described in this clause are governed by section 270B.14, subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent care credit under section 290.067, the Minnesota working family credit under section 290.0671, the property tax refund under section 290A.04, and the Minnesota education credit under section 290.0674;

(9) between the Department of Human Services; the Department of Employment and Economic Development; the Department of Children, Youth, and Families; Direct Care and Treatment; and, when applicable, the Department of Education, for the following purposes:

(i) to monitor the eligibility of the data subject for unemployment benefits, for any employment or training program administered, supervised, or certified by that agency;

(ii) to administer any rehabilitation program or child care assistance program, whether alone or in conjunction with the welfare system;

(iii) to monitor and evaluate the Minnesota family investment program or the child care assistance program by exchanging data on recipients and former recipients of Supplemental Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter 256B or 256L; and

(iv) to analyze public assistance employment services and program utilization, cost, effectiveness, and outcomes as implemented under the authority established in Title II, Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999. Health records governed by sections 144.291 to 144.298 and "protected health information" as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code of Federal Regulations, title 45, parts 160-164, including health care claims utilization information, must not be exchanged under this clause;

(10) to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the individual or other individuals or persons;

(11) data maintained by residential programs as defined in section 245A.02 may be disclosed to the protection and advocacy system established in this state according to Part C of Public Law 98-527 to protect the legal and human rights of persons with developmental disabilities or other related conditions who live in residential facilities for these persons if the protection and advocacy system receives a complaint by or on behalf of that person and the person does not have a legal guardian or the state or a designee of the state is the legal guardian of the person;

(12) to the county medical examiner or the county coroner for identifying or locating relatives or friends of a deceased person;

(13) data on a child support obligor who makes payments to the public agency may be disclosed to the Minnesota Office of Higher Education to the extent necessary to determine eligibility under section 136A.121, subdivision 2, clause (5);

(14) participant Social Security or individual taxpayer identification numbers and names collected by the telephone assistance program may be disclosed to the Department of Revenue to conduct an electronic data match with the property tax refund database to determine eligibility under section 237.70, subdivision 4a;

(15) the current address of a Minnesota family investment program participant may be disclosed to law enforcement officers who provide the name of the participant and notify the agency that:

(i) the participant:

(A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after conviction, for a crime or attempt to commit a crime that is a felony under the laws of the jurisdiction from which the individual is fleeing; or

(B) is violating a condition of probation or parole imposed under state or federal law;

(ii) the location or apprehension of the felon is within the law enforcement officer's official duties; and

(iii) the request is made in writing and in the proper exercise of those duties;

(16) the current address of a recipient of general assistance may be disclosed to probation officers and corrections agents who are supervising the recipient and to law enforcement officers who are investigating the recipient in connection with a felony level offense;

(17) information obtained from a SNAP applicant or recipient households may be disclosed to local, state, or federal law enforcement officials, upon their written request, for the purpose of investigating an alleged violation of the Food and Nutrition Act, according to Code of Federal Regulations, title 7, section 272.1(c);

(18) the address, Social Security or individual taxpayer identification number, and, if available, photograph of any member of a household receiving SNAP benefits shall be made available, on request, to a local, state, or federal law enforcement officer if the officer furnishes the agency with the name of the member and notifies the agency that:

(i) the member:

(A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

(B) is violating a condition of probation or parole imposed under state or federal law; or

(C) has information that is necessary for the officer to conduct an official duty related to conduct described in subitem (A) or (B);

(ii) locating or apprehending the member is within the officer's official duties; and

(iii) the request is made in writing and in the proper exercise of the officer's official duty;

(19) the current address of a recipient of Minnesota family investment program, general assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing, provide the name of the recipient and notify the agency that the recipient is a person required to register under section 243.166, but is not residing at the address at which the recipient is registered under section 243.166;

(20) certain information regarding child support obligors who are in arrears may be made public according to section 518A.74;

(21) data on child support payments made by a child support obligor and data on the distribution of those payments excluding identifying information on obligees may be disclosed to all obligees to whom the obligor owes support, and data on the enforcement actions undertaken by the public authority, the status of those actions, and data on the income of the obligor or obligee may be disclosed to the other party;

(22) data in the work reporting system may be disclosed under section 256.998, subdivision 7;

(23) to the Department of Education for the purpose of matching Department of Education student data with public assistance data to determine students eligible for free and reduced-price meals, meal supplements, and free milk according to United States Code, title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state funds that are distributed based on income of the student's family; and to verify receipt of energy assistance for the telephone assistance plan;

(24) the current address and telephone number of program recipients and emergency contacts may be released to the commissioner of health or a community health board as defined in section 145A.02, subdivision 5, when the commissioner or community health board has reason to believe that a program recipient is a disease case, carrier, suspect case, or at risk of illness, and the data are necessary to locate the person;

(25) to other state agencies, statewide systems, and political subdivisions of this state, including the attorney general, and agencies of other states, interstate information networks, federal agencies, and other entities as required by federal regulation or law for the administration of the child support enforcement program;

(26) to personnel of public assistance programs as defined in section 256.741, for access to the child support system database for the purpose of administration, including monitoring and evaluation of those public assistance programs;

(27) to monitor and evaluate the Minnesota family investment program by exchanging data between the Departments of Human Services; Children, Youth, and Families; and Education, on recipients and former recipients of SNAP benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, medical programs under chapter 256B or 256L, or a medical program formerly codified under chapter 256D;

(28) to evaluate child support program performance and to identify and prevent fraud in the child support program by exchanging data between the Department of Human Services; Department of Children, Youth, and Families; Department of Revenue under section 270B.14, subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph (c); Department of Health; Department of Employment and Economic Development; and other state agencies as is reasonably necessary to perform these functions;

(29) counties and the Department of Children, Youth, and Families operating child care assistance programs under chapter 119B may disseminate data on program participants, applicants, and providers to the commissioner of education;

(30) child support data on the child, the parents, and relatives of the child may be disclosed to agencies administering programs under titles IV-B and IV-E of the Social Security Act, as authorized by federal law;

(31) to a health care provider governed by sections 144.291 to 144.298, to the extent necessary to coordinate services;

(32) to the chief administrative officer of a school to coordinate services for a student and family; data that may be disclosed under this clause are limited to name, date of birth, gender, and address;

(33) to county correctional agencies to the extent necessary to coordinate services and diversion programs; data that may be disclosed under this clause are limited to name, client demographics, program, case status, and county worker information; or

(34) between the Department of Human Services and the Metropolitan Council for the following purposes:

(i) to coordinate special transportation service provided under section 473.386 with services for people with disabilities and elderly individuals funded by or through the Department of Human Services; and

(ii) to provide for reimbursement of special transportation service provided under section 473.386.

The data that may be shared under this clause are limited to the individual's first, last, and middle names; date of birth; residential address; and program eligibility status with expiration date for the purposes of informing the other party of program eligibility.

(b) Information on persons who have been treated for substance use disorder may only be disclosed according to the requirements of Code of Federal Regulations, title 42, sections 2.1 to 2.67.

(c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16), (17), or (18), or paragraph (b), are investigative data and are confidential or protected nonpublic while the investigation is active. The data are private after the investigation becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

(d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are not subject to the access provisions of subdivision 10, paragraph (b).

For the purposes of this subdivision, a request will be deemed to be made in writing if made through a computer interface system.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 4. Minnesota Statutes 2022, section 13.46, subdivision 10, as amended by Laws 2024, chapter 79, article 9, section 2, is amended to read:

Subd. 10. **Responsible authority.** (a) Notwithstanding any other provision of this chapter to the contrary, the responsible authority for each component of the welfare system listed in subdivision 1, clause (c), shall be as follows:

(1) the responsible authority for the Department of Human Services is the commissioner of human services;

(2) the responsible authority of a county welfare agency is the director of the county welfare agency;

(3) the responsible authority for a local social services agency, human services board, or community mental health center board is the chair of the board;

(4) the responsible authority of any person, agency, institution, organization, or other entity under contract to any of the components of the welfare system listed in subdivision 1, clause (c), is the person specified in the contract;

(5) the responsible authority of the public authority for child support enforcement is the head of the public authority for child support enforcement;

(6) the responsible authority for county veteran services is the county veterans service officer pursuant to section 197.603, subdivision 2; and

(7) the responsible authority for ~~the Department of~~ Direct Care and Treatment is the chief executive officer of Direct Care and Treatment ~~executive board~~.

(b) A responsible authority shall allow another responsible authority in the welfare system access to data classified as not public data when access is necessary for the administration and management of programs, or as authorized or required by statute or federal law.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 5. Minnesota Statutes 2023 Supplement, section 15.01, is amended to read:

15.01 DEPARTMENTS OF THE STATE.

The following agencies are designated as the departments of the state government: the Department of Administration; the Department of Agriculture; the Department of Children, Youth, and Families; the Department of Commerce; the Department of Corrections; ~~the Department of Direct Care and Treatment;~~ the Department of Education; the Department of Employment and Economic Development; the Department of Health; the Department of Human Rights; the Department of Human Services; the Department of Information Technology Services; the Department of Iron Range Resources and Rehabilitation; the Department of Labor and Industry; the Department of Management and Budget; the Department of Military Affairs; the Department of Natural Resources; the Department of Public Safety; the Department of Revenue; the Department of Transportation; the Department of Veterans Affairs; and their successor departments.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 6. Minnesota Statutes 2023 Supplement, section 15.06, subdivision 1, as amended by Laws 2024, chapter 85, section 6, is amended to read:

Subdivision 1. **Applicability.** This section applies to the following departments or agencies: the Departments of Administration; Agriculture; Children, Youth, and Families; Commerce; Corrections; ~~Direct Care and Treatment;~~ Education; Employment and Economic Development; Health; Human Rights; Human Services; Iron Range Resources and Rehabilitation; Labor and Industry; Management and Budget; Natural Resources; Public Safety; Revenue; Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies; the Department of Information Technology Services; the Bureau of Mediation Services; and their successor departments and agencies. The heads of the foregoing departments or agencies are "commissioners."

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 7. Minnesota Statutes 2023 Supplement, section 15A.0815, subdivision 2, is amended to read:

Subd. 2. **Agency head salaries.** The salary for a position listed in this subdivision shall be determined by the Compensation Council under section 15A.082. The commissioner of management and budget must publish the salaries on the department's website. This subdivision applies to the following positions:

Commissioner of administration;

Commissioner of agriculture;

Commissioner of education;

Commissioner of children, youth, and families;

Commissioner of commerce;

Commissioner of corrections;

Commissioner of health;

Commissioner, Minnesota Office of Higher Education;

Commissioner, Minnesota IT Services;

Commissioner, Housing Finance Agency;

Commissioner of human rights;

Commissioner of human services;

Commissioner of labor and industry;

Commissioner of management and budget;

Commissioner of natural resources;

Commissioner, Pollution Control Agency;

Commissioner of public safety;

Commissioner of revenue;

Commissioner of employment and economic development;

Commissioner of transportation;

Commissioner of veterans affairs;

Executive director of the Gambling Control Board;

Executive director of the Minnesota State Lottery;

Commissioner of Iron Range resources and rehabilitation;

Commissioner, Bureau of Mediation Services;

Ombudsman for mental health and developmental disabilities;

Ombudsperson for corrections;

Chair, Metropolitan Council;

Chair, Metropolitan Airports Commission;

School trust lands director;

Executive director of pari-mutuel racing; ~~and~~

Commissioner, Public Utilities Commission; and

Chief Executive Officer, Direct Care and Treatment.

Sec. 8. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 1, is amended to read:

Subdivision 1. **Creation.** A Compensation Council is created each odd-numbered year to establish the compensation of constitutional officers and the heads of state and metropolitan agencies identified in section 15A.0815, ~~and~~ to assist the legislature in establishing the compensation of justices of the supreme court and judges of the court of appeals and district court, and to determine the daily compensation for voting members of the Direct Care and Treatment executive board.

Sec. 9. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 3, is amended to read:

Subd. 3. **Submission of recommendations and determination.** (a) By April 1 in each odd-numbered year, the Compensation Council shall submit to the speaker of the house and the president of the senate salary recommendations for justices of the supreme court, and judges of the court of appeals and district court. The recommended salaries take effect on July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval the council recommends thereafter, unless the legislature by law provides otherwise. The salary recommendations take effect if an appropriation of money to pay the recommended salaries is enacted after the recommendations are submitted and before their effective date. Recommendations may be expressly modified or rejected.

(b) By April 1 in each odd-numbered year, the Compensation Council must prescribe salaries for constitutional officers, and for the agency and metropolitan agency heads identified in section 15A.0815. The prescribed salary for each office must take effect July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval the council determines thereafter, unless the legislature by law provides otherwise. An appropriation by the legislature to fund the relevant office, branch, or agency of an

amount sufficient to pay the salaries prescribed by the council constitutes a prescription by law as provided in the Minnesota Constitution, article V, sections 4 and 5.

(c) By April 1 in each odd-numbered year, the Compensation Council must prescribe daily compensation for voting members of the Direct Care and Treatment executive board. The recommended daily compensation takes effect on July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval the council recommends thereafter, unless the legislature by law provides otherwise.

Sec. 10. Minnesota Statutes 2023 Supplement, section 15A.082, subdivision 7, is amended to read:

Subd. 7. **No ex parte communications.** Members may not have any communication with a constitutional officer, a head of a state agency, ~~or~~ a member of the judiciary, or a member of the Direct Care and Treatment executive board during the period after the first meeting is convened under this section and the date the prescribed and recommended salaries and daily compensation are submitted under subdivision 3.

Sec. 11. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1, is amended to read:

Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees who are:

(1) chosen by election or appointed to fill an elective office;

(2) heads of agencies required by law to be appointed by the governor or other elective officers, and the executive or administrative heads of departments, bureaus, divisions, and institutions specifically established by law in the unclassified service;

(3) deputy and assistant agency heads and one confidential secretary in the agencies listed in subdivision 1a;

(4) the confidential secretary to each of the elective officers of this state and, for the secretary of state and state auditor, an additional deputy, clerk, or employee;

(5) intermittent help employed by the commissioner of public safety to assist in the issuance of vehicle licenses;

(6) employees in the offices of the governor and of the lieutenant governor and one confidential employee for the governor in the Office of the Adjutant General;

(7) employees of the Washington, D.C., office of the state of Minnesota;

(8) employees of the legislature and of legislative committees or commissions; provided that employees of the Legislative Audit Commission, except for the legislative auditor, the deputy legislative auditors, and their confidential secretaries, shall be employees in the classified service;

(9) presidents, vice-presidents, deans, other managers and professionals in academic and academic support programs, administrative or service faculty, teachers, research assistants, and student employees eligible under terms of the federal Economic Opportunity Act work study program in the Perpich Center for Arts Education and the Minnesota State Colleges and Universities, but not the custodial, clerical, or maintenance employees, or any professional or managerial employee performing duties in connection with the business administration of these institutions;

(10) officers and enlisted persons in the National Guard;

(11) attorneys, legal assistants, and three confidential employees appointed by the attorney general or employed with the attorney general's authorization;

(12) judges and all employees of the judicial branch, referees, receivers, jurors, and notaries public, except referees and adjusters employed by the Department of Labor and Industry;

(13) members of the State Patrol; provided that selection and appointment of State Patrol troopers must be made in accordance with applicable laws governing the classified service;

(14) examination monitors and intermittent training instructors employed by the Departments of Management and Budget and Commerce and by professional examining boards and intermittent staff employed by the technical colleges for the administration of practical skills tests and for the staging of instructional demonstrations;

(15) student workers;

(16) executive directors or executive secretaries appointed by and reporting to any policy-making board or commission established by statute;

(17) employees unclassified pursuant to other statutory authority;

(18) intermittent help employed by the commissioner of agriculture to perform duties relating to pesticides, fertilizer, and seed regulation;

(19) the administrators and the deputy administrators at the State Academies for the Deaf and the Blind; and

(20) the chief executive ~~officers in the Department of Human Services~~ officer of Direct Care and Treatment.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 12. Minnesota Statutes 2023 Supplement, section 43A.08, subdivision 1a, is amended to read:

Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following agencies may designate additional unclassified positions according to this subdivision: the Departments of Administration; Agriculture; Children, Youth, and Families; Commerce; Corrections; ~~Direct Care and Treatment;~~ Education; Employment and Economic Development; Explore Minnesota Tourism; Management and Budget; Health; Human Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue; Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies; the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the Department of Information Technology Services; the Offices of the Attorney General, Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the Minnesota Office of Higher Education; the Perpich Center for Arts Education; Direct Care and Treatment; and the Minnesota Zoological Board.

A position designated by an appointing authority according to this subdivision must meet the following standards and criteria:

(1) the designation of the position would not be contrary to other law relating specifically to that agency;

(2) the person occupying the position would report directly to the agency head or deputy agency head and would be designated as part of the agency head's management team;

(3) the duties of the position would involve significant discretion and substantial involvement in the development, interpretation, and implementation of agency policy;

(4) the duties of the position would not require primarily personnel, accounting, or other technical expertise where continuity in the position would be important;

(5) there would be a need for the person occupying the position to be accountable to, loyal to, and compatible with, the governor and the agency head, the employing statutory board or commission, or the employing constitutional officer;

(6) the position would be at the level of division or bureau director or assistant to the agency head; and

(7) the commissioner has approved the designation as being consistent with the standards and criteria in this subdivision.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 13. Minnesota Statutes 2022, section 145.61, subdivision 5, is amended to read:

Subd. 5. **Review organization.** "Review organization" means a nonprofit organization acting according to clause (l), a committee as defined under section 144E.32, subdivision 2, or a committee whose membership is limited to professionals, administrative staff, and consumer directors, except where otherwise provided for by state or federal law, and which is established by one or more of the following: a hospital, a clinic, a nursing home, an ambulance service or first responder service regulated under chapter 144E, one or more state or local associations of professionals, an organization of professionals from a particular area or medical institution, a health maintenance organization as defined in chapter 62D, a community integrated service network as defined in chapter 62N, a nonprofit health service plan corporation as defined in chapter 62C, a preferred provider organization, a professional standards review organization established pursuant to United States Code, title 42, section 1320c-1 et seq., a medical review agent established to meet the requirements of section 256B.04, subdivision 15, the Department of Human Services, Direct Care and Treatment, or a nonprofit corporation that owns, operates, or is established by one or more of the above referenced entities, to gather and review information relating to the care and treatment of patients for the purposes of:

(a) evaluating and improving the quality of health care;

(b) reducing morbidity or mortality;

(c) obtaining and disseminating statistics and information relative to the treatment and prevention of diseases, illness and injuries;

(d) developing and publishing guidelines showing the norms of health care in the area or medical institution or in the entity or organization that established the review organization;

(e) developing and publishing guidelines designed to keep within reasonable bounds the cost of health care;

(f) developing and publishing guidelines designed to improve the safety of care provided to individuals;

(g) reviewing the safety, quality, or cost of health care services provided to enrollees of health maintenance organizations, community integrated service networks, health service plans, preferred provider organizations, and insurance companies;

(h) acting as a professional standards review organization pursuant to United States Code, title 42, section 1320c-1 et seq.;

(i) determining whether a professional shall be granted staff privileges in a medical institution, membership in a state or local association of professionals, or participating status in a nonprofit health service plan corporation, health maintenance organization, community integrated service network, preferred provider organization, or insurance company, or whether a professional's staff privileges, membership, or participation status should be limited, suspended or revoked;

(j) reviewing, ruling on, or advising on controversies, disputes or questions between:

(1) health insurance carriers, nonprofit health service plan corporations, health maintenance organizations, community integrated service networks, self-insurers and their insureds, subscribers, enrollees, or other covered persons;

(2) professional licensing boards and health providers licensed by them;

(3) professionals and their patients concerning diagnosis, treatment or care, or the charges or fees therefor;

(4) professionals and health insurance carriers, nonprofit health service plan corporations, health maintenance organizations, community integrated service networks, or self-insurers concerning a charge or fee for health care services provided to an insured, subscriber, enrollee, or other covered person;

(5) professionals or their patients and the federal, state, or local government, or agencies thereof;

(k) providing underwriting assistance in connection with professional liability insurance coverage applied for or obtained by dentists, or providing assistance to underwriters in evaluating claims against dentists;

(l) acting as a medical review agent under section 256B.04, subdivision 15;

(m) providing recommendations on the medical necessity of a health service, or the relevant prevailing community standard for a health service;

(n) providing quality assurance as required by United States Code, title 42, sections 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act;

(o) providing information to group purchasers of health care services when that information was originally generated within the review organization for a purpose specified by this subdivision;

(p) providing information to other, affiliated or nonaffiliated review organizations, when that information was originally generated within the review organization for a purpose specified by this subdivision, and as long as that information will further the purposes of a review organization as specified by this subdivision; or

(q) participating in a standardized incident reporting system, including Internet-based applications, to share information for the purpose of identifying and analyzing trends in medical error and iatrogenic injury.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 14. Minnesota Statutes 2022, section 246.018, subdivision 3, as amended by Laws 2024, chapter 79, article 1, section 6, is amended to read:

Subd. 3. **Duties.** The executive medical director shall:

(1) oversee the clinical provision of inpatient mental health services provided in the state's regional treatment centers;

(2) recruit and retain psychiatrists to serve on the direct care and treatment medical staff established in subdivision 4;

(3) consult with the executive board, the chief executive officer, and community mental health center directors~~, and the state-operated services governing body~~ to develop standards for treatment and care of patients in state-operated service programs;

(4) develop and oversee a continuing education program for members of the medical staff; and

(5) participate and cooperate in the development and maintenance of a quality assurance program for state-operated services that assures that residents receive continuous quality inpatient, outpatient, and postdischarge care.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 15. Minnesota Statutes 2022, section 246.13, subdivision 2, as amended by Laws 2024, chapter 79, article 2, section 4, is amended to read:

Subd. 2. **Definitions; risk assessment and management.** (a) As used in this section:

(1) "appropriate and necessary medical and other records" includes patient medical records and other protected health information as defined by Code of Federal Regulations, title 45, section 164.501, relating to a patient in a state-operated services facility including but not limited to the patient's treatment plan and abuse prevention plan pertinent to the patient's ongoing care, treatment, or placement in a community-based treatment facility or a health care facility that is not operated by state-operated services, including information describing the level of risk posed by a patient when the patient enters the facility;

(2) "community-based treatment" means the community support services listed in section 253B.02, subdivision 4b;

(3) "criminal history data" means data maintained or used by the Departments of Corrections and Public Safety and by the supervisory authorities listed in section 13.84, subdivision 1, that relate to an individual's criminal history or propensity for violence, including data in the:

(i) Corrections Offender Management System (COMS);

(ii) Statewide Supervision System (S3);

(iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87;

(iv) Integrated Search Service as defined in section 13.873; and

(v) Predatory Offender Registration (POR) system;

(4) "designated agency" means the agency defined in section 253B.02, subdivision 5;

(5) "law enforcement agency" means the law enforcement agency having primary jurisdiction over the location where the offender expects to reside upon release;

(6) "predatory offender" and "offender" mean a person who is required to register as a predatory offender under section 243.166; and

(7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.

(b) To promote public safety and for the purposes and subject to the requirements of this paragraph, the executive board or the executive board's designee shall have access to, and may review and disclose, medical and criminal history data as provided by this section, as necessary to comply with Minnesota Rules, part 1205.0400, to:

(1) determine whether a patient is required under state law to register as a predatory offender according to section 243.166;

(2) facilitate and expedite the responsibilities of the special review board and end-of-confinement review committees by corrections institutions and state treatment facilities;

(3) prepare, amend, or revise the abuse prevention plans required under section 626.557, subdivision 14, and individual patient treatment plans required under section 253B.03, subdivision 7;

(4) facilitate the custody, supervision, and transport of individuals transferred between the Department of Corrections and ~~the Department of~~ Direct Care and Treatment; and

(5) effectively monitor and supervise individuals who are under the authority of the Department of Corrections, ~~the Department of~~ Direct Care and Treatment, and the supervisory authorities listed in section 13.84, subdivision 1.

(c) The state-operated services treatment facility or a designee must make a good faith effort to obtain written authorization from the patient before releasing information from the patient's medical record.

(d) If the patient refuses or is unable to give informed consent to authorize the release of information required under this subdivision, the chief executive officer ~~for state-operated services~~ or a designee shall provide the appropriate and necessary medical and other records. The chief executive officer or a designee shall comply with the minimum necessary privacy requirements.

(e) The executive board may have access to the National Crime Information Center (NCIC) database through the Department of Public Safety in support of the public safety functions described in paragraph (b).

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 16. Minnesota Statutes 2022, section 246.234, as amended by Laws 2024, chapter 79, article 1, section 11, is amended to read:

246.234 RECIPROCAL EXCHANGE OF CERTAIN PERSONS.

The executive board is ~~hereby~~ authorized with the approval of the governor to enter into reciprocal agreements with duly authorized authorities of ~~any other~~ another state or states regarding the mutual exchange, return, and transportation of persons with a mental illness or developmental disability who are within the confines of one state but have legal residence or legal settlement for the purposes of relief in another state. ~~Such agreements~~ Any agreement entered into under this subdivision must not contain ~~provisions conflicting~~ any provision that conflicts with any ~~law of this~~ state law.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 17. Minnesota Statutes 2022, section 246.36, as amended by Laws 2024, chapter 79, article 1, section 14, is amended to read:

246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.

For the purpose of carrying out a duty, the executive board ~~shall have authority to~~ may accept uncompensated and voluntary services and ~~to~~ may enter into contracts or agreements with private or public agencies, organizations, or persons for uncompensated and voluntary services as the executive board deems practicable. Uncompensated and voluntary services do not include services mandated by licensure and certification requirements for health care facilities. The volunteer agencies, organizations, or persons who provide services to residents of state facilities operated under the authority of the executive board are not subject to the procurement requirements of chapters 16A and 16C. ~~The agencies, organizations, or persons may purchase supplies, services, and equipment to be used in providing services to residents of state facilities through the Department of Administration.~~

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 18. Minnesota Statutes 2023 Supplement, section 246C.01, is amended to read:

246C.01 TITLE.

This chapter may be cited as the "~~Department of~~ Direct Care and Treatment Act."

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 19. Minnesota Statutes 2023 Supplement, section 246C.02, as amended by Laws 2024, chapter 79, article 1, section 19, is amended to read:

246C.02 ~~DEPARTMENT OF~~ DIRECT CARE AND TREATMENT; ESTABLISHMENT.

Subdivision 1. **Establishment.** ~~The Department of~~ Direct Care and Treatment is created as an agency headed by an executive board. ~~An executive board shall head the Department of Direct Care and Treatment.~~

~~Subd. 2. **Mission.** (a) The executive board shall develop and maintain direct care and treatment in a manner consistent with applicable law, including chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256.~~

~~(b) The executive board shall provide direct care and treatment services in coordination with the commissioner of human services, counties, and other vendors.~~

Subd. 3. **Direct care and treatment services.** Direct Care and Treatment ~~services~~ shall provide direct care and treatment services that include specialized inpatient programs at secure treatment facilities, community preparation services, regional treatment centers, enterprise services, consultative services, aftercare services, community-based services and programs, transition services, nursing home services, and other services consistent with ~~the mission of the Department of Direct Care and Treatment~~ state law, including this chapter and chapters 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256. Direct Care and Treatment shall provide direct care and treatment services in coordination with the commissioner of human services, counties, and other vendors.

Subd. 4. **Statewide services.** (a) The administrative structure of state-operated services must be statewide in character.

(b) The state-operated services staff may deliver services at any location throughout the state.

Subd. 5. **Department of Human Services as state agency.** The commissioner of human services continues to constitute the "state agency" as defined by the Social Security Act of the United States and the laws of this state for all purposes relating to mental health and mental hygiene.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 20. Minnesota Statutes 2023 Supplement, section 246C.04, as amended by Laws 2024, chapter 79, article 1, section 21, is amended to read:

246C.04 TRANSFER OF DUTIES.

Subdivision 1. **Transfer of duties.** (a) Section 15.039 applies to the transfer of ~~duties~~ responsibilities from the Department of Human Services to Direct Care and Treatment required by this chapter.

(b) The commissioner of administration, with the governor's approval, shall issue reorganization orders under section 16B.37 as necessary to carry out the transfer of duties required by ~~section 246C.03~~ this chapter. The provision of section 16B.37, subdivision 1, stating that transfers under section 16B.37 may only be to an agency that has existed for at least one year does not apply to transfers to an agency created by this chapter.

~~(c) The initial salary for the health systems chief executive officer of the Department of Direct Care and Treatment is the same as the salary for the health systems chief executive officer of direct care and treatment at the Department of Human Services immediately before July 1, 2024.~~

Subd. 2. **Transfer of custody of civilly committed persons.** The commissioner of human services shall continue to exercise all authority and responsibility for and retain custody of persons subject to civil commitment under chapter 253B or 253D until July 1, 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter 253B or 253D and in the custody of the commissioner of human services as of that date is hereby transferred to the executive board without any further act or proceeding. Authority and responsibility for the commitment of such persons is transferred to the executive board July 1, 2025.

Subd. 3. **Control of direct care and treatment.** The commissioner of human services shall continue to exercise all authorities and responsibilities under this chapter and chapters 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to any state-operated service, program, or facility subject to transfer under this act until July 1, 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the commissioner of human services with reference to any state-operated service, program, or facility are hereby transferred to, vested in, and imposed upon the executive board according to this chapter and applicable state law. Effective July 1, 2025, the executive board ~~is hereby charged with and~~ has the exclusive power of administration and management of all state hospitals for persons with a developmental disability, mental illness, or substance use disorder. Effective July 1, 2025, the executive board has the power and authority to determine all matters relating to the development of all of the foregoing institutions and of such other institutions vested in the executive board. Effective July 1, 2025, the powers, functions, and authority vested in the commissioner of human services relative to such state institutions are ~~hereby~~ transferred to the executive board according to this chapter and applicable state law.

Subd. 4. **Appropriations.** There is hereby appropriated to such persons or institutions as are entitled to such sums as are provided for in this section, from the fund or account in the state treasury to which the money was credited, an amount sufficient to make such payment.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 21. Minnesota Statutes 2023 Supplement, section 246C.05, as amended by Laws 2024, chapter 79, article 1, section 22, is amended to read:

246C.05 EMPLOYEE PROTECTIONS FOR ESTABLISHING ~~THE NEW DEPARTMENT OF~~ DIRECT CARE AND TREATMENT.

(a) Personnel whose duties relate to the functions assigned to the executive board in ~~section 246C.03~~ this chapter are transferred to ~~the Department of~~ Direct Care and Treatment effective 30 days after approval by the commissioner of management and budget.

(b) Before the executive board is appointed, personnel whose duties relate to the functions in this ~~section~~ chapter may be transferred beginning July 1, 2024, with 30 days' notice from the commissioner of management and budget.

(c) The following protections shall apply to employees who are transferred from the Department of Human Services to ~~the Department of~~ Direct Care and Treatment:

(1) No transferred employee shall have their employment status and job classification altered as a result of the transfer.

(2) Transferred employees who were represented by an exclusive representative prior to the transfer shall continue to be represented by the same exclusive representative after the transfer.

(3) The applicable collective bargaining agreements with exclusive representatives shall continue in full force and effect for such transferred employees after the transfer.

(4) The state shall have the obligation to meet and negotiate with the exclusive representatives of the transferred employees about any proposed changes affecting or relating to the transferred employees' terms and conditions of employment to the extent such changes are not addressed in the applicable collective bargaining agreement.

(5) When an employee in a temporary unclassified position is transferred to ~~the Department of~~ Direct Care and Treatment, the total length of time that the employee has served in the appointment shall include all time served in the appointment at the transferring agency and the time served in the appointment at ~~the Department of~~ Direct Care and Treatment. An employee in a temporary unclassified position who was hired by a transferring agency through an open competitive selection process in accordance with a policy enacted by Minnesota Management and Budget shall be considered to have been hired through such process after the transfer.

(6) In the event that the state transfers ownership or control of any of the facilities, services, or operations of ~~the Department of~~ Direct Care and Treatment to another entity, whether private or public, by subcontracting, sale, assignment, lease, or other transfer, the state shall require as a written condition of such transfer of ownership or control the following provisions:

(i) Employees who perform work in transferred facilities, services, or operations must be offered employment with the entity acquiring ownership or control before the entity offers employment to any individual who was not employed by the transferring agency at the time of the transfer.

(ii) The wage and benefit standards of such transferred employees must not be reduced by the entity acquiring ownership or control through the expiration of the collective bargaining agreement in effect at the time of the transfer or for a period of two years after the transfer, whichever is longer.

(d) There is no liability on the part of, and no cause of action arises against, the state of Minnesota or its officers or agents for any action or inaction of any entity acquiring ownership or control of any facilities, services, or operations of ~~the Department of~~ Direct Care and Treatment.

(e) This section expires upon the completion of the transfer of duties to the executive board under ~~section 246C.03~~ this chapter. The commissioner of human services shall notify the revisor of statutes when the transfer of duties is complete.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 22. **[246C.07] POWERS AND DUTIES OF EXECUTIVE BOARD.**

Subdivision 1. **Generally.** (a) The executive board must operate the agency according to this chapter and applicable state and federal law. The overall management and control of the agency is vested in the executive board in accordance with this chapter.

(b) The executive board must appoint a chief executive officer according to section 246C.08. The chief executive officer is responsible for the administrative and operational duties of Direct Care and Treatment in accordance with this chapter.

(c) The executive board may delegate duties imposed by this chapter and under applicable state and federal law as deemed appropriate by the board and in accordance with this chapter. Any delegation of a specified statutory duty or power to an employee of Direct Care and Treatment other than the chief executive officer must be made by written order and filed with the secretary of state. Only the chief executive officer shall have the powers and duties of the executive board as specified in section 246C.08.

Subd. 2. **Principles.** The executive board, in undertaking its duties and responsibilities and within Direct Care and Treatment resources, shall act according to the following principles:

(1) prevent the waste or unnecessary spending of public money;

(2) use innovative fiscal and human resource practices to manage the state's resources and operate the agency as efficiently as possible;

(3) coordinate Direct Care and Treatment activities wherever appropriate with the activities of other governmental agencies;

(4) use technology where appropriate to increase agency productivity, improve customer service, increase public access to information about government, and increase public participation in the business of government; and

(5) utilize constructive and cooperative labor management practices to the extent otherwise required by chapter 43A or 179A.

Subd. 3. **Powers and duties.** (a) The executive board has the power and duty to:

(1) set the overall strategic direction for Direct Care and Treatment, ensuring that Direct Care and Treatment delivers exceptional care and supports the well-being of all individuals served by Direct Care and Treatment;

(2) establish policies and procedures to govern the operation of the facilities, programs, and services under the direct authority of Direct Care and Treatment;

(3) employ personnel and delegate duties and responsibilities to personnel as deemed appropriate by the executive board, subject to chapters 43A and 179A and in accordance with this chapter;

(4) review and approve the operating budget proposal for Direct Care and Treatment;

(5) accept and use gifts, grants, or contributions from any nonstate source or refuse to accept any gift, grant, or contribution if acceptance would not be in the best interest of the state;

(6) deposit all money received as gifts, grants, or contributions pursuant to section 246C.091, subdivision 1;

(7) expend or use any gift, grant, or contribution as nearly in accordance with the conditions of the gift, grant, or contribution identified by the donor for a certain institution or purpose, compatible with the best interests of the individuals under the jurisdiction of the executive board and of the state;

(8) comply with all conditions and requirements necessary to receive federal aid or block grants with respect to the establishment, construction, maintenance, equipment, or operation of adequate facilities and services consistent with the mission of Direct Care and Treatment;

(9) enter into information-sharing agreements with federal and state agencies and other entities, provided the agreements include adequate protections with respect to the confidentiality and integrity of the information to be shared and comply with all applicable state and federal laws, regulations, and rules;

(10) enter into interagency or service level agreements with a state department listed in section 15.01; a multimember state agency described in section 15.012, paragraph (a); or the Department of Information Technology Services;

(11) enter into contractual agreements with federally recognized Indian Tribes with a reservation in Minnesota;

(12) enter into contracts with public and private agencies, private and nonprofit organizations, and individuals using appropriated money;

(13) establish and maintain any administrative units reasonably necessary for the performance of administrative functions common to all programs or divisions of Direct Care and Treatment;

(14) authorize the method of payment to or from Direct Care and Treatment as part of programs administered by Direct Care and Treatment, including authorization of the receipt or disbursement of money held by Direct Care and Treatment in a fiduciary capacity as part of the programs administered by Direct Care and Treatment;

(15) inform Tribal Nations and county agencies, on a timely basis, of changes in statute, rule, federal law, regulation, and policy necessary to Tribal or county agency administration of Direct Care and Treatment programs and services;

(16) report to the legislature on the performance of Direct Care and Treatment operations and the accomplishment of Direct Care and Treatment goals in its biennial budget in accordance with section 16A.10, subdivision 1;

(17) recommend to the legislature appropriate changes in law necessary to carry out the principles and improve the performance of Direct Care and Treatment; and

(18) exercise all powers reasonably necessary to implement and administer the requirements of this chapter and applicable state and federal law.

(b) The specific enumeration of powers and duties as set forth in this section shall not be construed as a limitation upon the general transfer of Direct Care and Treatment facilities, programs, and services from the Department of Human Services to Direct Care and Treatment under this chapter.

Subd. 4. **Creation of bylaws.** The board may establish bylaws governing its operations and the operations of Direct Care and Treatment in accordance with this chapter.

Subd. 5. **Performance of chief executive officer.** The governor may request that the executive board review the performance of the chief executive officer at any time. Within 14 days of receipt of the request, the board must meet and conduct a performance review as specifically requested by the governor. During the performance review, a representative of the governor must be included as a voting member of the board for the purpose of the board's discussions and decisions regarding the governor's request. The board must establish a performance improvement plan as necessary or take disciplinary or other corrective action, including dismissal. The executive board must report to the governor on action taken by the board, including an explanation if no action is deemed necessary.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 23. **[246C.08] CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.**

Subdivision 1. **Service.** (a) The Direct Care and Treatment chief executive officer is appointed by the executive board, in consultation with the governor, and serves at the pleasure of the executive board, with the advice and consent of the senate.

(b) The chief executive officer shall serve in the unclassified service in accordance with section 43A.08. The Compensation Council under section 15A.082 shall establish the salary of the chief executive officer.

Subd. 2. **Powers and duties.** (a) The chief executive officer's primary duty is to assist the executive board. The chief executive officer is responsible for the administrative and operational management of the agency.

(b) The chief executive officer shall have all the powers of the executive board unless the executive board directs otherwise. The chief executive officer shall have the authority to speak for the executive board and Direct Care and Treatment within and outside the agency.

(c) In the event that a vacancy occurs for any reason within the chief executive officer position, the executive medical director appointed under section 246.018 shall immediately become the temporary chief executive officer until the executive board appoints a new chief executive officer. During this period, the executive medical director shall have all the powers and authority delegated to the chief executive officer by the board and specified in this chapter.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 24. **[246C.091] DIRECT CARE AND TREATMENT ACCOUNTS.**

Subdivision 1. **Gifts, grants, and contributions account.** (a) A gifts, grants, and contributions account is created in the special revenue fund in the state treasury. All money received by the executive board as a gift, grant, or contribution must be deposited in the gifts, grants, and contributions account. Beginning July 1, 2025, except as provided in paragraph (b), money in the account is annually appropriated to the Direct

Care and Treatment executive board to accomplish the purposes of this chapter. Gifts, grants, or contributions received by the executive board exceeding current agency needs must be invested by the State Board of Investment in accordance with section 11A.24. Disbursements from the gifts, grants, and contributions account must be made in the manner provided for the issuance of other state payments.

(b) If the gift or contribution is designated for a certain person, institution, or purpose, the Direct Care and Treatment executive board must use the gift or contribution as specified in accordance with the conditions of the gift or contribution if compatible with the best interests of the person and the state. If a gift or contribution is accepted for the use and benefit of a person with a developmental disability, including those within a state hospital, research relating to persons with a developmental disability must be considered an appropriate use of the gift or contribution. Such money must not be used for any structures or installations which by their nature would require state expenditures for their operation or maintenance without specific legislative enactment.

Subd. 2. **Facilities management account.** A facilities management account is created in the special revenue fund of the state treasury. Beginning July 1, 2025, money in the account is appropriated to the Direct Care and Treatment executive board and may be used to maintain buildings, acquire facilities, renovate existing buildings, or acquire land for the design and construction of buildings for Direct Care and Treatment use. Money received for maintaining state property under control of the executive board may be deposited into this account.

Subd. 3. **Direct Care and Treatment systems account.** (a) The Direct Care and Treatment systems account is created in the special revenue fund of the state treasury. Beginning July 1, 2025, money in the account is appropriated to the Direct Care and Treatment executive board and may be used for security systems and information technology projects, services, and support under the control of the executive board.

(b) The commissioner of human services shall transfer all money allocated to the Direct Care and Treatment systems projects under section 256.014 to the Direct Care and Treatment systems account by June 30, 2026.

Subd. 4. **Cemetery maintenance account.** The cemetery maintenance account is created in the special revenue fund of the state treasury. Money in the account is appropriated to the executive board for the maintenance of cemeteries under control of the executive board. Money allocated to Direct Care and Treatment cemeteries may be transferred to this account.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 25. Minnesota Statutes 2022, section 256.88, is amended to read:

256.88 SOCIAL WELFARE FUND ESTABLISHED.

Except as otherwise expressly provided, all moneys and funds held by the commissioner of human services, the Direct Care and Treatment executive board, and the local social services agencies of the several counties in trust or for the benefit of children with a disability and children who are dependent, neglected, or delinquent, children born to mothers who were not married to the children's fathers at the times of the conception nor at the births of the children, persons determined to have developmental disability, mental illness, or substance use disorder, or other wards or beneficiaries, under any law, shall be kept in a single fund to be known as the "social welfare fund" which shall be deposited at interest, held, or disbursed as provided in sections 256.89 to 256.92.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 26. Minnesota Statutes 2022, section 256.89, is amended to read:

256.89 FUND DEPOSITED IN STATE TREASURY.

The social welfare fund and all accretions thereto shall be deposited in the state treasury, as a separate and distinct fund, to the credit of the commissioner of human services and the Direct Care and Treatment executive board as ~~trustee~~ trustees for ~~the~~ their respective beneficiaries ~~thereof~~ in proportion to ~~their~~ the beneficiaries' several interests. The commissioner of management and budget shall be responsible only to the commissioner of human services and the Direct Care and Treatment executive board for the sum total of the fund, and shall have no duties nor direct obligations toward the beneficiaries thereof individually. Subject to the applicable rules of the commissioner of human services or the Direct Care and Treatment executive board, money so received by a local social services agency may be deposited by the executive secretary of the local social services agency in a local bank carrying federal deposit insurance, designated by the local social services agency for this purpose. The amount of such deposit in each such bank at any one time shall not exceed the amount protected by federal deposit insurance.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 27. Minnesota Statutes 2022, section 256.90, is amended to read:

256.90 SOCIAL WELFARE FUND; USE; DISPOSITION; DEPOSITORIES.

The commissioner of human services, in consultation with the Direct Care and Treatment executive board, at least 30 days before the first day of January and the first day of July in each year shall file with the commissioner of management and budget an estimate of the amount of the social welfare fund to be held in the treasury during the succeeding six-month period, subject to current disbursement. Such portion of the remainder thereof as may be at any time designated by the request of the commissioner of human services may be invested by the commissioner of management and budget in bonds in which the permanent trust funds of the state of Minnesota may be invested, upon approval by the State Board of Investment. The portion of such remainder not so invested shall be placed by the commissioner of management and budget at interest for the period of six months, or when directed by the commissioner of human services, for the period of 12 months thereafter at the highest rate of interest obtainable in a bank, or banks, designated by the board of deposit as a suitable depository therefor. All the provisions of law relative to the designation and qualification of depositories of other state funds shall be applicable to sections 256.88 to 256.92, except as herein otherwise provided. Any bond given, or collateral assigned or both, to secure a deposit hereunder may be continuous in character to provide for the repayment of any moneys belonging to the fund theretofore or thereafter at any time deposited in such bank until its designation as such depository is revoked and the security thereof shall be not impaired by any subsequent agreement or understanding as to the rate of interest to be paid upon such deposit, or as to time for its repayment. The amount of money belonging to the fund deposited in any bank, including other state deposits, shall not at any time exceed the amount of the capital stock thereof. In the event of the closing of the bank any sum deposited therein shall immediately become due and payable.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 28. Minnesota Statutes 2022, section 256.91, is amended to read:

256.91 PURPOSES.

From that part of the social welfare fund held in the state treasury subject to disbursement as provided in section 256.90 the commissioner of human services or the Direct Care and Treatment executive board at

any time may pay out such amounts as the commissioner or executive board deems proper for the support, maintenance, or other legal benefit of any of the children with a disability and children who are dependent, neglected, or delinquent, children born to mothers who were not married to the children's fathers at the times of the conception nor at the births of the children, persons with developmental disability, substance use disorder, or mental illness, or other wards or persons entitled thereto, not exceeding in the aggregate to or for any person the principal amount previously received for the benefit of the person, together with the increase in it from an equitable apportionment of interest realized from the social welfare fund.

When any such person dies or is finally discharged from the guardianship, care, custody, and control of the commissioner of human services or the Direct Care and Treatment executive board, the amount then remaining subject to use for the benefit of the person shall be paid as soon as may be from the social welfare fund to the persons thereto entitled by law.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 29. Minnesota Statutes 2022, section 256.92, is amended to read:

256.92 COMMISSIONER OF HUMAN SERVICES AND DIRECT CARE AND TREATMENT, ACCOUNTS.

It shall be the duty of the commissioner of human services, the Direct Care and Treatment executive board, and ~~of~~ the local social services agencies of the several counties of this state to cause to be deposited with the commissioner of management and budget all moneys and funds in their possession or under their control and designated by section 256.91 as and for the social welfare fund; and all such moneys and funds shall be so deposited in the state treasury as soon as received. The commissioner of human services, in consultation with the Direct Care and Treatment executive board, shall keep books of account or other records showing separately the principal amount received and deposited in the social welfare fund for the benefit of any person, together with the name of such person, and the name and address, if known to the commissioner of human services or the Direct Care and Treatment executive board, of the person from whom such money was received; and, at least once every two years, the amount of interest, if any, which the money has earned in the social welfare fund shall be apportioned thereto and posted in the books of account or records to the credit of such beneficiary.

The provisions of sections 256.88 to 256.92 shall not apply to any fund or money now or hereafter deposited or otherwise disposed of pursuant to the lawful orders, decrees, judgments, or other directions of any district court having jurisdiction thereof.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 30. Laws 2023, chapter 61, article 8, section 1, the effective date, is amended to read:

EFFECTIVE DATE. This section is effective ~~January~~ July 1, ~~2025~~ 2024.

Sec. 31. Laws 2023, chapter 61, article 8, section 2, the effective date, is amended to read:

EFFECTIVE DATE. This section is effective ~~January~~ July 1, ~~2025~~ 2024.

Sec. 32. Laws 2023, chapter 61, article 8, section 3, the effective date, is amended to read:

EFFECTIVE DATE. This section is effective ~~January~~ July 1, ~~2025~~ 2024.

Sec. 33. Laws 2023, chapter 61, article 8, section 8, the effective date, is amended to read:

EFFECTIVE DATE. This section is effective ~~January~~ July 1, ~~2025~~ 2024.

Sec. 34. Laws 2024, chapter 79, article 1, section 18, is amended to read:

Sec. 18. **246C.015 DEFINITIONS.**

Subdivision 1. **Scope.** For purposes of this chapter, the following terms have the meanings given.

Subd. 2. **Chief executive officer.** "Chief executive officer" means the ~~Department of~~ Direct Care and Treatment chief executive officer appointed according to section 246C.08.

Subd. 3. **Commissioner.** "Commissioner" means the commissioner of human services.

Subd. 4. **Community preparation services.** "Community preparation services" means specialized inpatient or outpatient services operated outside of a secure environment but administered by a secure treatment facility.

Subd. 5. **County of financial responsibility.** "County of financial responsibility" has the meaning given in section 256G.02, subdivision 4.

Subd. 5a. **Direct Care and Treatment.** "Direct Care and Treatment" means the agency of Direct Care and Treatment established under this chapter.

Subd. 6. **Executive board.** "Executive board" means the ~~Department of~~ Direct Care and Treatment executive board established under section 246C.06.

Subd. 7. **Executive medical director.** "Executive medical director" means the licensed physician serving as executive medical director in ~~the Department of~~ Direct Care and Treatment under section 246C.09.

Subd. 8. **Head of the facility or head of the program.** "Head of the facility" or "head of the program" means the person who is charged with overall responsibility for the professional program of care and treatment of the facility or program.

Subd. 9. **Indian.** "Indian" has the meaning given in section 260.755, subdivision 7.

Subd. 10. **Secure treatment facility.** "Secure treatment facility" means a facility as defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13.

Subd. 11. **Tobacco; tobacco-related device.** "Tobacco" and "tobacco-related device" have the meanings given in section 609.685, subdivision 1.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 35. Laws 2024, chapter 79, article 1, section 23, is amended to read:

Sec. 23. **246C.06 EXECUTIVE BOARD; ~~POWERS AND DUTIES~~ MEMBERSHIP; GOVERNANCE.**

Subdivision 1. **Establishment.** The Direct Care and Treatment executive board ~~of the Department of Direct Care and Treatment~~ is established.

Subd. 2. **Membership ~~of the executive board~~.** ~~The executive board shall consist of no more than five members, all appointed by the governor.~~ (a) The Direct Care and Treatment executive board consists of nine members with seven voting members and two nonvoting members. The seven voting members must include six members appointed by the governor with the advice and consent of the senate in accordance with paragraph (b) and the commissioner of human services or a designee. The two nonvoting members must be appointed in accordance with paragraph (c). Section 15.0597 applies to all executive board appointments except for the commissioner of human services.

(b) The executive board voting members appointed by the governor must meet the following qualifications:

(1) one member must be a licensed physician who is a psychiatrist or has experience in serving behavioral health patients;

(2) two members must have experience serving on a hospital or nonprofit board; and

(3) three members must have experience working: (i) in the delivery of behavioral health services or care coordination or in traditional healing practices; (ii) as a licensed health care professional; (iii) within health care administration; or (iv) with residential services.

(c) The executive board nonvoting members must be appointed as follows:

(1) one member appointed by the Association of Counties; and

(2) one member who has an active role as a union representative representing staff at Direct Care and Treatment appointed by joint representatives of the following unions: American Federation of State, County and Municipal Employees (AFSCME); Minnesota Association of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle Management Association (MMA); and State Residential Schools Education Association (SRSEA).

(d) Membership on the board must include representation from outside the seven-county metropolitan area, as defined in section 473.121, subdivision 2.

(e) A voting member of the executive board must not be or must not have been within one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an employee of a county, including a county commissioner; (3) an active employee or representative of a labor union that represents employees of Direct Care and Treatment; or (4) a member of the state legislature. This paragraph does not apply to the nonvoting members or the commissioner of human services or designee.

Subd. 3. **~~Qualifications of members~~ Procedures.** ~~An executive board member's qualifications must be appropriate for overseeing a complex behavioral health system, such as experience serving on a hospital or nonprofit board, serving as a public sector labor union representative, delivering behavioral health services or care coordination, or working as a licensed health care provider in an allied health profession or in health care administration.~~ Except as otherwise provided in this section, the membership terms and removal and filling of vacancies for the executive board are governed by section 15.0575.

Subd. 4. **~~Accepting contributions or gifts~~ Compensation.** (a) ~~The executive board has the power and authority to accept, on behalf of the state, contributions and gifts of money and personal property for the use and benefit of the residents of the public institutions under the executive board's control. All money and securities received must be deposited in the state treasury subject to the order of the executive board.~~ Notwithstanding section 15.0575, subdivision 3, paragraph (a), the nonvoting members of the executive board must not receive daily compensation for executive board activities. Nonvoting members of the executive

board may receive expenses in the same manner and amount as authorized by the commissioner's plan adopted under section 43A.18, subdivision 2. Nonvoting members who, as a result of time spent attending board meetings, incur child care expenses that would not otherwise have been incurred may be reimbursed for those expenses upon board authorization.

(b) ~~If the gift or contribution is designated by the donor for a certain institution or purpose, the executive board shall expend or use the money as nearly in accordance with the conditions of the gift or contribution, compatible with the best interests of the individuals under the jurisdiction of the executive board and the state.~~ Notwithstanding section 15.0575, subdivision 3, paragraph (a), the Compensation Council under section 15A.082 must determine the compensation for voting members of the executive board per day spent on executive board activities authorized by the executive board. Voting members of the executive board may also receive the expenses in the same manner and amount as authorized by the commissioner's plan adopted under section 43A.18, subdivision 2. Voting members who, as a result of time spent attending board meetings, incur child care expenses that would not otherwise have been incurred may be reimbursed for those expenses upon board authorization.

(c) The commissioner of management and budget must publish the daily compensation rate for voting members of the executive board determined under paragraph (b) on the Department of Management and Budget's website.

(d) Voting members of the executive board must adopt internal standards prescribing what constitutes a day spent on board activities for the purposes of making payments authorized under paragraph (b).

(e) All other requirements under section 15.0575, subdivision 3, apply to the compensation of executive board members.

Subd. 5. ~~**Federal aid or block grants**~~ **Acting chair; officers.** ~~The executive board may comply with all conditions and requirements necessary to receive federal aid or block grants with respect to the establishment, constructions, maintenance, equipment, or operation of adequate facilities and services consistent with the mission of the Department of Direct Care and Treatment.~~ (a) The governor shall designate one member from the voting membership appointed by the governor as acting chair of the executive board.

(b) At the first meeting of the executive board, the executive board must elect a chair from among the voting membership appointed by the governor.

(c) The executive board must annually elect a chair from among the voting membership appointed by the governor.

(d) The executive board must elect officers from among the voting membership appointed by the governor. The elected officers shall serve for one year.

Subd. 6. ~~**Operation of a communication systems account**~~ **Terms.** (a) ~~The executive board may operate a communications systems account established in Laws 1993, First Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared communication costs necessary for the operation of the regional treatment centers the executive board supervises.~~ Except for the commissioner of human services, executive board members must not serve more than two consecutive terms unless service beyond two consecutive terms is approved by the majority of voting members. The commissioner of human services or a designee shall serve until replaced by the governor.

(b) ~~Each account must be used to manage shared communication costs necessary for the operations of the regional treatment centers the executive board supervises. The executive board may distribute the costs of operating and maintaining communication systems to participants in a manner that reflects actual usage.~~

~~Costs may include acquisition, licensing, insurance, maintenance, repair, staff time, and other costs as determined by the executive board.~~ An executive board member may resign at any time by giving written notice to the executive board.

(c) ~~Nonprofit organizations and state, county, and local government agencies involved in the operation of regional treatment centers the executive board supervises may participate in the use of the executive board's communication technology and share in the cost of operation.~~ The initial term of the member appointed under subdivision 2, paragraph (b), clause (1), is two years. The initial term of the members appointed under subdivision 2, paragraph (b), clause (2), is three years. The initial term of the members appointed under subdivision 2, paragraph (b), clause (3), and the members appointed under subdivision 2, paragraph (c), is four years.

(d) ~~The executive board may accept on behalf of the state any gift, bequest, devise, personal property of any kind, or money tendered to the state for any lawful purpose pertaining to the communication activities under this section. Any money received for this purpose must be deposited into the executive board's communication systems account. Money collected by the executive board for the use of communication systems must be deposited into the state communication systems account and is appropriated to the executive board for purposes of this section.~~ After the initial term, the term length of all appointed executive board members is four years.

Subd. 7. **Conflicts of interest.** Executive board members must recuse themselves from discussion of and voting on an official matter if the executive board member has a conflict of interest. A conflict of interest means an association, including a financial or personal association, that has the potential to bias or have the appearance of biasing an executive board member's decision in matters related to Direct Care and Treatment or the conduct of activities under this chapter.

Subd. 8. **Meetings.** The executive board must meet at least four times per fiscal year at a place and time determined by the executive board.

Subd. 9. **Quorum.** A majority of the voting members of the executive board constitutes a quorum. The affirmative vote of a majority of the voting members of the executive board is necessary and sufficient for action taken by the executive board.

Subd. 10. **Immunity; indemnification.** (a) Members of the executive board are immune from civil liability for any act or omission occurring within the scope of the performance of their duties under this chapter.

(b) When performing executive board duties or actions, members of the executive board are employees of the state for purposes of indemnification under section 3.736, subdivision 9.

Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and repeal rules in accordance with chapter 14 to the extent necessary to implement this chapter or any responsibilities of Direct Care and Treatment specified in state law.

(b) Until July 1, 2027, the executive board may adopt rules using the expedited rulemaking process in section 14.389.

(c) In accordance with section 15.039, all orders, rules, delegations, permits, and other privileges issued or granted by the Department of Human Services with respect to any function of Direct Care and Treatment and in effect at the time of the establishment of Direct Care and Treatment shall continue in effect as if such establishment had not occurred. The executive board may amend or repeal rules applicable to Direct Care and Treatment that were established by the Department of Human Services in accordance with chapter 14.

(d) The executive board must not adopt rules that go into effect or enforce rules prior to July 1, 2025.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 36. Laws 2024, chapter 79, article 1, section 24, is amended to read:

Sec. 24. **246C.10 FORENSIC SERVICES.**

Subdivision 1. **Maintenance of forensic services.** (a) The executive board shall create and maintain forensic services programs.

(b) The executive board must provide forensic services in coordination with counties and other vendors.

(c) Forensic services must include specialized inpatient programs at secure treatment facilities, consultive services, aftercare services, community-based services and programs, transition services, nursing home services, or other services consistent with the mission of ~~the Department of~~ Direct Care and Treatment.

(d) The executive board ~~shall~~ may adopt rules to carry out the provision of this section and to govern the operation of the services and programs under the direct administrative authority of the executive board.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 37. Laws 2024, chapter 79, article 1, section 25, subdivision 3, is amended to read:

Subd. 3. **Comprehensive system of services.** The establishment of state-operated, community-based programs must be within the context of a comprehensive definition of the role of state-operated services in the state. The role of state-operated services must be defined within the context of a comprehensive system of services for persons with developmental disability.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 38. Laws 2024, chapter 79, article 10, section 1, is amended to read:

Section 1. **REVISOR INSTRUCTION.**

The revisor of statutes shall renumber each provision of Minnesota Statutes listed in column A as amended in this act to the number listed in column B.

Column A	Column B
245.036	246C.16, subdivision 1
245.037	246C.16, subdivision 2
245.041	246C.15
245.474, subdivision 1	246C.12, subdivision 1
245.474, subdivision 2	246C.12, subdivision 2
245.474, subdivision 3	246C.12, subdivision 3
245.474, subdivision 4	246C.12, subdivision 4

246.0135, paragraph (a)	246C.18, subdivision 2, paragraph (a)
246.0135, paragraph (b)	246C.18, subdivision 2, paragraph (b)
246.0135, paragraph (c)	246C.18, subdivision 2, paragraph (c)
246.0135, paragraph (d)	246C.18, subdivision 3
246.018, subdivision 1	246C.09, subdivision 1
246.018, subdivision 2	246C.09, subdivision 2
246.018, subdivision 3	246C.09, subdivision 3
246.018, subdivision 4	246C.09, subdivision 4
246.12	~~246C.06, subdivision 7~~ 246C.07, subdivision 7
246.128	246C.18, subdivision 1
246.129	246C.18, subdivision 4
246.14	246C.16, subdivision 3
246.23, subdivision 2	246.555, subdivision 1
246.23, subdivision 3	246.555, subdivision 2
246.23, subdivision 4	246.555, subdivision 3
246.23, subdivision 5	246.555, subdivision 4
246.23, subdivision 6	246.555, subdivision 5
246.234	~~246C.06, subdivision 8~~ 246C.07, subdivision 5
246.24	246C.16, subdivision 4
246.27	246C.19
246.36	~~246C.06, subdivision 9~~ 246C.07, subdivision 6
~~246.41, subdivision 1~~	~~246C.06, subdivision 10, paragraph (a)~~
~~246.41, subdivision 2~~	~~246C.06, subdivision 10, paragraph (b)~~
~~246.41, subdivision 3~~	~~246C.06, subdivision 10, paragraph (c)~~
246.70	246C.18, subdivision 5
246B.02	246C.13
251.012, subdivision 1	246.575, subdivision 1

251.012, subdivision 2	246.575, subdivision 2
251.012, subdivision 3	246.575, subdivision 3
251.012, subdivision 4	246.575, subdivision 4
251.041	176.87
251.042	176.871
251.043, subdivision 1	176.872, subdivision 1
251.043, subdivision 1a	176.872, subdivision 2
251.043, subdivision 1b	176.872, subdivision 3
251.043, subdivision 2	176.872, subdivision 4
251.043, subdivision 3	176.872, subdivision 5
251.044	176.873
251.051	176.874
251.052	176.875
251.053	176.876
251.15, subdivision 1	176.872, subdivision 6, paragraph (a)
251.15, subdivision 2	176.872, subdivision 6, paragraph (b)
251.17	246C.14
252.50, subdivision 2	246C.16, subdivision 5
252.50, subdivision 4	246C.10, subdivision 2
252.50, subdivision 6	246.65
252.50, subdivision 7	246.585
252.50, subdivision 8	246.588
252.50, subdivision 10	246.611
253.015, subdivision 1	253B.10, subdivision 6
253.016	246.554
253.017, subdivision 1	246.591
253.017, subdivision 2	246C.10, subdivision 3
253.017, subdivision 3	246C.10, subdivision 4
253.13	253.245

~~253C.01, subdivision 1~~	~~245A.27, subdivision 1~~
253C.01, subdivision 2	~~245A.27, subdivision 2~~
~~253C.01, subdivision 3~~	~~245A.27, subdivision 3~~
256.0121, subdivision 1	246.595, subdivision 1
256.0121, subdivision 2	246.595, subdivision 2
256.0121, subdivision 3	246.595, subdivision 3

Sec. 39. Laws 2024, chapter 79, article 10, section 6, is amended to read:

Sec. 6. **EFFECTIVE DATE.**

~~(a) Article 1, section 23, is effective July 1, 2024.~~ This act is effective July 1, 2024.

~~(b) Article 1, sections 1 to 22 and 24 to 31, and articles 2 to 10 are effective January 1, 2025.~~

Sec. 40. **DIRECT CARE AND TREATMENT ADVISORY COMMITTEE.**

(a) The Direct Care and Treatment executive board under Minnesota Statutes, section 246C.07, shall establish an advisory committee to provide state legislators, counties, union representatives, the National Alliance on Mental Illness Minnesota, people being served by direct care and treatment programs, and other stakeholders the opportunity to advise the executive board regarding the operation of Direct Care and Treatment.

(b) The members of the advisory committee must be appointed as follows:

(1) one member appointed by the speaker of the house;

(2) one member appointed by the minority leader of the house of representatives;

(3) two members appointed by the senate Committee on Committees, one member representing the majority caucus and one member representing the minority caucus;

(4) one member appointed by the Association of Minnesota Counties;

(5) one member appointed by joint representatives of the American Federation of State and Municipal Employees, the Minnesota Association of Professional Employees, the Minnesota Nurses Association, the Middle Management Association, and the State Residential Schools Education Association;

(6) one member appointed by the National Alliance on Mental Illness Minnesota; and

(7) two members representing people with lived experience being served by state-operated treatment programs or their families, appointed by the governor.

(c) Appointing authorities under paragraph (b) shall make appointments by January 1, 2026.

(d) The first meeting of the advisory committee must be held no later than January 15, 2026. The members of the advisory committee shall elect a chair from among their membership at the first meeting. The advisory committee shall meet as frequently as it determines necessary.

(e) The executive board shall regularly consult with the advisory committee.

(f) The advisory committee under this section expires December 31, 2027.

Sec. 41. **INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE OFFICER.**

Subdivision 1. **Executive board.** (a) The initial appointments of the members of the Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06, must be made by January 1, 2025.

(b) Prior to the first Compensation Council determination of the daily compensation rate for voting members of the executive board under Minnesota Statutes, section 246C.06, subdivision 4, paragraph (b), voting members of the executive board must be paid the per diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

(c) The executive board is exempt from Minnesota Statutes, section 13D.01, until the authority and responsibilities for Direct Care and Treatment are transferred to the executive board in accordance with Minnesota Statutes, section 246C.04.

Subd. 2. **Chief executive officer.** (a) The Direct Care and Treatment executive board must appoint as the initial chief executive officer for Direct Care and Treatment under Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and treatment division of the Department of Human Services holding that position at the time the initial appointment is made by the board. The initial appointment of the chief executive officer must be made by the executive board by July 1, 2025. The initial appointment of the chief executive officer is subject to confirmation by the senate.

(b) In its report issued April 1, 2025, the Compensation Council under Minnesota Statutes, section 15A.082, must establish the salary of the chief executive officer at an amount equal to or greater than the amount paid to the chief executive officer of the direct care and treatment division of the Department of Human Services as of the date of initial appointment. The salary of the chief executive officer shall become effective July 1, 2025, pursuant to Minnesota Statutes, section 15A.082, subdivision 3. Notwithstanding Minnesota Statutes, sections 15A.082 and 246C.08, subdivision 1, if the initial appointment of the chief executive officer occurs prior to the effective date of the salary specified by the Compensation Council in its April 1, 2025, report, the salary of the chief executive officer must equal the amount paid to the chief executive officer of the direct care and treatment division of the Department of Human Services as of the date of initial appointment.

Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates required under Minnesota Statutes, section 16A.10, for the direct care and treatment division for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative session that involve direct care and treatment operations, the commissioner of human services must consult with the Direct Care and Treatment executive board before submitting the budget estimates or legislative proposals. If the executive board is not appointed by the date the budget estimates must be submitted to the commissioner of management and budget, the commissioner of human services must provide the executive board with a summary of the budget estimates that were submitted.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 42. **REVISOR INSTRUCTION.**

The revisor of statutes shall change the term "Department of Human Services" to "Direct Care and Treatment" wherever the term appears in respect to the governmental entity with programmatic direction and fiscal control over state-operated services, programs, or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary changes to sentence structure to preserve the meaning of the text.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 43. **REVISOR INSTRUCTION.**

The revisor of statutes shall change the term "Department of Direct Care and Treatment" to "Direct Care and Treatment" wherever the term appears in respect to the governmental entity with programmatic direction and fiscal control over state-operated services, programs, or facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary changes to sentence structure to preserve the meaning of the text.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 44. **REVISOR INSTRUCTION.**

The revisor of statutes, in consultation with the House Research Department; the Office of Senate Counsel, Research, and Fiscal Analysis; the Department of Human Services; and Direct Care and Treatment, shall make necessary cross-reference changes to conform with this act. The revisor may make technical and other necessary changes to sentence structure to preserve the meaning of the text. The revisor may alter the coding in this act to incorporate statutory changes made by other law in the 2024 regular legislative session.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 45. **REPEALER.**

(a) Minnesota Statutes 2022, sections 246.41; and 253C.01, are repealed.

(b) Minnesota Statutes 2023 Supplement, section 246C.03, is repealed.

EFFECTIVE DATE. This section is effective July 1, 2024.

ARTICLE 6

MISCELLANEOUS

Section 1. **FREE COMMUNICATION SERVICES.**

Subdivision 1. **Free communication services.** (a) A facility must provide patients and clients with voice communication services. A facility may supplement voice communication services with other communication services, including but not limited to video communication and email or electronic messaging services. A facility must continue to offer the services the facility offered as of January 1, 2024.

(b) To the extent that voice or other communication services are provided, which must not be limited beyond program participation and routine facility policies and procedures, neither the individual initiating the communication nor the individual receiving the communication must be charged for the service.

Subd. 2. **Communication services restrictions.** Nothing in this section allows a patient or client to violate an active protection order, harassment restraining order, or other no-contact order or directive. Nothing in this section entitles a civilly committed person to communication services restricted or limited under Minnesota Statutes, section 253B.03, subdivision 3, or 253D.19.

Subd. 3. **Revenue prohibited.** Direct Care and Treatment must not receive revenue from the provision of voice communication services or any other communication services under this section.

Subd. 4. **Visitation programs.** (a) Facilities shall maintain in-person visits for patients or clients. Communication services, including video calls, must not be used to replace a facility's in-person visitation program or be counted toward a patient's or client's in-person visitation limit.

(b) Notwithstanding paragraph (a), the Direct Care and Treatment executive board may waive the in-person visitation program requirement under this subdivision if there is:

(1) a declared emergency under Minnesota Statutes, section 12.31; or

(2) a local-, state-, or federal-declared natural disaster.

Subd. 5. **Reporting.** (a) By January 15, 2026, the Direct Care and Treatment executive board must report the information described in paragraph (b) to the chairs and ranking minority members of the legislative committees having jurisdiction over human services policy and finance.

(b) The Direct Care and Treatment executive board must include the following information covering fiscal year 2024:

(1) the status of all the agency's communication contracts; efforts to renegotiate the agency's communication contracts, including the rates the agency is paying or charging confined people or community members for any and all services in the contracts; and plans to consolidate the agency's communication contracts to maximize purchasing power;

(2) a complete and detailed accounting of how appropriated funds for communication services are spent, including spending on expenses previously covered by commissions; and

(3) summary data on usage of all communication services, including monthly call and message volume.

Subd. 6. **Definitions.** For the purposes of this section, the following terms have the meanings given:

(1) "voice communications" means real-time, audio-only communication services, namely phone calls made over wireline telephony, voice over Internet protocol, or any other technology infrastructure;

(2) "other communication services" means communication services other than voice communications, including but not limited to video calls and electronic messages; and

(3) "facility" means any facility, setting, or program owned, operated, or under the programmatic or fiscal control of Direct Care and Treatment.

Subd. 7. **Expiration.** Subdivisions 1 to 4 expire June 30, 2026. Subdivisions 5 and 6 expire upon submission by the Direct Care and Treatment executive board of the report to the legislature required under subdivision 5.

Sec. 2. **COMMUNITY CARE HUB PLANNING GRANT.**

Subdivision 1. **Establishment.** The commissioner of health shall establish a single grant to develop and design programs to expand and strengthen the community care hub model, which organizes and supports a network of health and social care service providers to address health-related social needs.

Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the meanings given.

(b) "Community-based organization" means a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community and provides educational or related services to individuals in the community.

(c) "Community care hub" means a nonprofit organization that provides a centralized administrative and operational interface between health care institutions and a network of community-based organizations that provide health promotion and social care services.

(d) "Health-related social needs" means the individual-level, adverse social conditions that can negatively impact a person's health or health care, such as poor health literacy, food insecurity, housing instability, and lack of access to transportation.

(e) "Social care services" means culturally informed services to address health-related social needs and community-informed health promotion programs.

Subd. 3. **Eligible applicants.** To be eligible for the single grant available under this section, a grant applicant must:

(1) be recognized as a selected community care hub by the federal Administration for Community Living and the Centers for Disease Control and Prevention;

(2) hold contracts with health plans within Minnesota that allow the applicant to provide social care services to a plan's covered member population; and

(3) demonstrate active engagement in providing, coordinating, and aiding health care and social care services at the community level.

Subd. 4. **Eligible uses.** The grantee must use awarded funding to develop and design programs that support the development of a social care network that provides services to address health-related social needs. Activities eligible for funding under this section include but are not limited to education activities, feasibility studies, program design, and pilots.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 3. **DIRECTION TO COMMISSIONER; FEDERAL WAIVERS FOR HEALTH-RELATED SOCIAL NEEDS.**

(a) The commissioner of human services shall develop a strategy to implement interventions to address unmet health-related social needs, including but not limited to nutrition support, housing support, case management, and violence prevention. In developing such a strategy, the commissioner shall consider whether services could be reimbursed under section 1115 of the Social Security Act, other federal waivers, or existing state authority.

(b) The commissioner shall collaborate with the commissioner of health, communities most impacted by health disparities, and other external partners providing services in nutrition, housing, case management,

and violence prevention to medical assistance recipients on specific interventions to include in the proposed strategy.

(c) By March 1, 2025, the commissioner shall provide the strategy developed under this section to the chairs and ranking minority members of the legislative committees with jurisdiction over health care finance and must include:

(1) a proposed timeline for implementation;

(2) an estimate of the administrative and programmatic costs associated with implementing and evaluating any proposed federal waivers; and

(3) any statutory changes necessary to seek ongoing state funding and federal authority for the proposed strategies.

(d) The commissioner may perform the steps necessary to develop a federal waiver or other strategies identified in paragraph (c) in preparation for enactment of the strategies.

(e) The commissioner is exempt from the requirements of Minnesota Statutes, chapter 16C, when entering into a new contract or amending an existing contract to complete the work under this section.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 4. **WORKING GROUP ON SIMPLIFYING SUPPORTIVE HOUSING RESOURCES.**

Subdivision 1. **Establishment.** A working group on simplifying supportive housing resources is established to streamline access, eligibility, and administration of state-funded supportive housing resources for people experiencing homelessness.

Subd. 2. **Membership.** (a) The working group must prioritize membership from individuals and organizations that use or administer state-funded supportive housing resources and must include the following:

(1) the commissioner of the Minnesota Housing Finance Agency or designee;

(2) the commissioner of human services or designee;

(3) two representatives with lived experience from the Minnesota Coalition for the Homeless;

(4) one representative from Hearth Connection;

(5) one representative from the Metropolitan Urban Indian Directors network;

(6) one representative from the Minnesota Housing Stability Coalition;

(7) five representatives from organizations providing or administering state-funded supportive housing resources to people experiencing homelessness, including organizations that provide services to youth experiencing homelessness, veterans experiencing homelessness, populations that disproportionately experience homelessness, and a provider that participates in a coordinated entry system and demonstrates statewide geographic representation;

(8) one representative from the Minnesota Tribal Collaborative;

(9) one representative from Hennepin County;

(10) one representative from St. Louis County;

(11) two members from the house of representatives, one appointed by the speaker of the house and one appointed by the minority leader; and

(12) two members from the senate appointed by the senate committee on committees, one representing the majority caucus and one representing the minority caucus.

(b) The members listed in paragraph (a), clauses (3) to (10), must be appointed by the commissioner of human services in collaboration with the commissioner of the Minnesota Housing Finance Agency.

(c) All appointing authorities must make their appointments to the working group by August 1, 2024.

Subd. 3. **Duties.** (a) The working group must study supportive housing resources to streamline access, eligibility, and administration of state-funded supportive housing resources for people experiencing homelessness, including the following programs:

(1) the housing support program;

(2) long-term homeless supportive services;

(3) housing with supports for adults with serious mental illness;

(4) the housing trust fund; and

(5) other capital and operating funds administered by the Minnesota Housing Finance Agency.

(b) In studying supportive housing resources, the working group must identify the processes, procedures, and technological or personnel resources that would be necessary to enable the state, county or Tribal agencies, and providers responsible for administering public supportive housing funds to meet the following goals:

(1) reduce administrative complexities;

(2) enhance equity and accessibility, including coordinated entry;

(3) streamline and simplify eligibility criteria, paperwork, and funding distribution; and

(4) accelerate the transition of individuals from homelessness to sustainable long-term solutions.

Subd. 4. **Compensation.** Notwithstanding Minnesota Statutes, section 15.059, subdivision 3, members of the working group shall not be compensated, except for the members with lived experience of homelessness.

Subd. 5. **Meetings; facilitation.** (a) The commissioner of human services may contract with a third-party vendor to facilitate the working group and convene the first meeting by January 15, 2025.

(b) The working group must meet at regular intervals as often as necessary to fulfill the duties under subdivision 3.

(c) Meetings of the working group are subject to the Minnesota Open Meeting Law under Minnesota Statutes, chapter 13D.

Subd. 6. **Consultation.** The working group must consult with other individuals and organizations that have expertise and experience in providing supportive services that may assist the working group in fulfilling its responsibilities, including entities engaging in additional input from those with lived experience of homelessness and administrators of state-funded supportive housing not included on the working group.

Subd. 7. **Report required.** The working group shall submit a final report by January 15, 2026, to the chairs and ranking minority members of the legislative committees with jurisdiction over housing and homelessness finance and policy detailing the recommendations to streamline access, eligibility, and administration of state-funded supportive housing resources for people experiencing homelessness. The report shall include draft legislation required to implement the proposed legislation.

Subd. 8. **Expiration.** The working group expires January 15, 2026.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 5. **HOMELESSNESS PRIORITY; HOMELESSNESS REPORT.**

The governor and lieutenant governor and the legislature find that addressing homelessness is a pressing public need. The Department of Human Services administers programs to provide shelter, support services, and housing stability to low-income Minnesotans and people experiencing homelessness. No later than January 15, 2025, the commissioner, in cooperation with the commissioner of the Minnesota Housing Finance Agency and other relevant departments, must report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services policy and finance on the departments' activities to reduce homelessness.

Sec. 6. **DIRECTION TO COMMISSIONER; TARGETED CASE MANAGEMENT REDESIGN.**

The commissioner of human services must consult with members of the Minnesota Association of County Social Service Administrators to improve case management information systems and identify the necessary changes needed to comply with regulations related to federal certified public expenditures. The changes must facilitate transition to use of a 15-minute unit rate or improved financial reporting for fee-for-service targeted case management services provided by counties. The Social Service Information System and adjacent systems must be modified to support any increase in the intensity of time reporting requirements prior to any implementation of proposed changes to targeted case management rate setting, reimbursement, and reconciliation processes.

Sec. 7. **REVISOR INSTRUCTION.**

The revisor of statutes shall renumber each section of Minnesota Statutes listed in column A with the number listed in column B. The revisor shall also make necessary cross-reference changes consistent with the renumbering:

Column A	Column B
256E.33	256K.48
256E.36	256K.49

ARTICLE 7

HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT

Section 1. **[256.044] HUMAN SERVICES RESPONSE CONTINGENCY ACCOUNT.**

Subdivision 1. **Human services response contingency account.** A human services response contingency account is created in the special revenue fund in the state treasury. Money in the human services response contingency account does not cancel and is appropriated to the commissioner of human services for the purposes specified in this section.

Subd. 2. **Definition.** For purposes of this section, "human services response" means activities deemed necessary by the commissioner of human services to respond to emerging or immediate needs related to supporting the health, welfare, or safety of people.

Subd. 3. **Use of money.** (a) The commissioner may make expenditures from the human services response contingency account to respond to needs as defined in subdivision 2 and for which no other funding or insufficient funding is available.

(b) When the commissioner determines that a human services response is needed, the commissioner may make expenditures from the human services response contingency account for the following uses to implement the human services response:

(1) services, supplies, and equipment to support the health, welfare, or safety of people;

(2) training and coordination with service providers, Tribal Nations, and local government entities;

(3) communication with and outreach to impacted people;

(4) informational technology; and

(5) staffing.

(c) The commissioner may transfer money within the Department of Human Services and to the Department of Children, Youth, and Families for eligible uses under paragraph (b) as necessary to implement a human services response.

(d) Notwithstanding any other law or rule to the contrary, when implementing a human services response, the commissioner may allocate funds from the human services response contingency account to programs, providers, and organizations for eligible uses under paragraph (b) through one or more fiscal agents chosen by the commissioner. In contracting with a fiscal agent, the commissioner may use a sole-source contract and is not subject to the solicitation requirements of chapter 16B or 16C.

(e) Programs, providers, and organizations receiving funds from the human services response contingency account under paragraph (d) must describe how the money will be used. If a program, provider, or organization receiving money from the human services response contingency account receives money from a nonstate source other than a local unit of government or Tribe for the same human services response, the entity must notify the commissioner of the amount received from the nonstate source. If the commissioner determines that the total amount received under this section and from the nonstate source exceeds the entity's total costs for the human services response, the entity must pay the commissioner the amount that exceeds the costs up to the amount of funding provided to the entity under this section. All money paid to the commissioner under this paragraph must be deposited in the human services response contingency account.

Subd. 4. **Assistance from other sources.** (a) As a condition of making expenditures from the human services response contingency account, the commissioner must seek any appropriate assistance from other available sources, including the federal government, to assist with costs attributable to the human services response.

(b) If the commissioner recovers eligible costs for the human services response from a nonstate source after making expenditures from the human services response contingency account, the commissioner shall reimburse the human services response contingency account for those costs up to the amount recovered for eligible costs from the nonstate source.

Subd. 5. **Reporting.** The commissioner must develop required reporting for entities receiving human services response contingency account money. Entities receiving money from the commissioner of human services from the human services response contingency account must submit reports to the commissioner of human services with detailed information in a manner determined by the commissioner, including but not limited to:

(1) amounts expended by category of expenditure;

(2) outcomes achieved, including estimated individuals served;

(3) documentation necessary to verify that funds were spent in compliance with this section;

(4) expenditure reports for the purpose of requesting reimbursement from other available sources; and

(5) data necessary to comply with an audit of human services response contingency account expenditures.

Subd. 6. **Report.** By March 1 of each year, the commissioner shall submit a report to the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over human services finance and health and human services finance detailing expenditures made in the previous calendar year from the human services response contingency account. This report is exempt from section 256.01, subdivision 42.

ARTICLE 8

APPROPRIATIONS

Section 1. **HUMAN SERVICES APPROPRIATION.**

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2023, chapter 61, article 9; Laws 2023, chapter 70, article 20; and Laws 2023, chapter 74, section 6, to the agencies and for the purposes specified in this article. The appropriations are from the general fund or other named fund and are available for the fiscal years indicated for each purpose. The figures "2024" and "2025" used in this article mean that the addition to or subtraction from the appropriation listed under them is available for the fiscal year ending June 30, 2024, or June 30, 2025, respectively. Base adjustments mean the increase or decrease of the base level adjustment set in Laws 2023, chapter 61, article 9; Laws 2023, chapter 70, article 20; and Laws 2023, chapter 74, section 6. Supplemental appropriations and reductions to appropriations for the fiscal year ending June 30, 2024, are effective the day following final enactment unless a different effective date is explicit.

	APPROPRIATIONS Available for the Year Ending June 30	
	2024	**2025**
Sec. 2. **COMMISSIONER OF HUMAN SERVICES**		
Subdivision 1. **Total Appropriation**	**$ (17,213,000)**	**$ 63,804,000**
The amounts that may be spent for each purpose are specified in the following subdivisions.		
Subd. 2. **Central Office; Operations**	(4,299,000)	2,172,000
(a) **Carryforward Authority.** Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, $912,000 in fiscal year 2025 is available until June 30, 2027.		
(b) **Base Level Adjustment.** The general fund base is increased by $327,000 in fiscal year 2026 and $327,000 in fiscal year 2027.		
Subd. 3. **Central Office; Health Care**	-0-	2,035,000
(a) **Health-Related Social Needs 1115 Waiver.** $500,000 is for a contract to develop a 1115 waiver related to nutrition supports as a covered service under medical assistance. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.		
(b) **Carryforward Authority.** Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, $327,000 in fiscal year 2025 is available until June 30, 2026, and $543,000 in fiscal year 2025 is available until June 30, 2027.		
(c) **Base Level Adjustment.** The general fund base is increased by $786,000 in fiscal year 2026 and increased by $790,000 in fiscal year 2027.		
Subd. 4. **Central Office; Aging and Disability Services**	(2,664,000)	4,164,000
(a) **Tribal Vulnerable Adult and Developmental Disabilities Targeted Case Management Medical**		

Assistance Benefit. $200,000 in fiscal year 2025 is for a contract to develop a Tribal vulnerable adult and developmental disabilities targeted case management medical assistance benefit under Minnesota Statutes, section 256B.0924. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(b) **Disability Services Person-Centered Engagement and Navigation Study.** $600,000 in fiscal year 2025 is for the disability services person-centered engagement and navigation study. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

(c) **Pediatric Hospital-to-Home Transition Pilot Program Administration.** $300,000 in fiscal year 2025 is for a contract related to the pediatric hospital-to-home transition pilot program. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(d) **Reimbursement for Community-First Services and Supports Workers Report.** $250,000 in fiscal year 2025 is for a contract related to the reimbursement for community-first services and supports workers report. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

(e) **Carryforward Authority.** Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, $758,000 in fiscal year 2025 is available until June 30, 2026, and $2,687,000 in fiscal year 2025 is available until June 30, 2027.

(f) **Base Level Adjustment.** The general fund base is increased by $340,000 in fiscal year 2026 and increased by $340,000 in fiscal year 2027.

Subd. 5. **Central Office; Behavioral Health, Housing, and Deaf and Hard-of-Hearing Services**	-0-	3,304,000

(a) **Medical Assistance Reentry Demonstration.** $600,000 in fiscal year 2025 is for engagement with people with lived experience, families, and community

partners on the development and implementation of the medical assistance reentry demonstration benefit under Minnesota Statutes, section 256B.0761. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(b) **Working Group on Simplifying Housing Support Resources.** $400,000 in fiscal year 2025 is for administration of a working group to streamline access, eligibility, and administration of state-funded supportive housing resources for people experiencing homelessness. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

(c) **Carryforward Authority.** Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, $34,000 in fiscal year 2025 is available until June 30, 2026.

(d) **Base Level Adjustment.** The general fund base is increased by $2,271,000 in fiscal year 2026 and increased by $2,271,000 in fiscal year 2027.

Subd. 6.	**Forecasted Programs; Medical Assistance**	-0-	5,533,000
Subd. 7.	**Forecasted Programs; Alternative Care**	-0-	49,000
Subd. 8.	**Forecasted Programs; Behavioral Health Fund**	-0-	274,000
Subd. 9.	**Grant Programs; Child and Economic Support Grants**	-0-	5,050,000

(a) **Homeless Shelter Services.** $50,000 in fiscal year 2025 is for a payment to Churches United for the Homeless in Moorhead to hire staff or contract for assistance to secure public funding for Churches United's existing services, including the provision of safe shelter for individuals experiencing homelessness, supportive housing, nutrition support, nursing services, family services, and case management. This is a onetime appropriation.

(b) **American Indian Food Sovereignty.** $1,000,000 in fiscal year 2025 is for the American Indian food sovereignty funding program under Minnesota Statutes, section 256E.342. This is a onetime appropriation.

Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

(c) **Minnesota Food Shelf.** $1,390,000 in fiscal year 2025 is for the Minnesota food shelf program under Minnesota Statutes, section 256E.34. This is a onetime appropriation.

(d) **Emergency Food Assistance Program.** $2,610,000 in fiscal year 2025 is for contracts with Minnesota's regional food banks that the commissioner contracts with for the purposes of the Emergency Food Assistance Program (TEFAP). The commissioner shall distribute the food bank funding under this paragraph in accordance with the federal TEFAP formula and guidelines of the United States Department of Agriculture. Funding must be used by all regional food banks to purchase food that will be distributed free of charge to TEFAP partner agencies. Funding must also cover the handling and delivery fees typically paid by food shelves to food banks to ensure that costs associated with funding under this paragraph are not incurred at the local level. This is a onetime appropriation.

Subd. 10. **Grant Programs; Refugee Services**	-0-	4,000,000

Human Services Response Contingency Account. (a) $4,000,000 in fiscal year 2025 is for the human services response contingency account under Minnesota Statutes, section 256.044. This is a onetime appropriation.

(b) The commissioner of management and budget shall transfer $4,000,000 in fiscal year 2025 from the general fund to the human services response contingency account established under Minnesota Statutes, section 256.044. This is a onetime transfer.

Subd. 11. **Grant Programs; Health Care Grants**	-0-	1,000,000

County Correctional Facility Mental Health Medication Pilot Program. $1,000,000 in fiscal year 2025 is for the county correctional facility mental health medication pilot program. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

Subd. 12. **Grant Programs; Other Long Term Care Grants**	(2,500,000)	1,962,000

(a) **Health Awareness Hub Pilot Project.** $281,000 in fiscal year 2025 is for a payment to the Organization for Liberians in Minnesota for a health awareness hub pilot project. The pilot project must seek to address health care education and the physical and mental wellness needs of elderly individuals within the African immigrant community by offering culturally relevant support, resources, and preventive care education from medical practitioners who have a similar background, and by making appropriate referrals to culturally competent programs, supports, and medical care. Within six months of the conclusion of the pilot project, the Organization for Liberians in Minnesota must provide the commissioner with an evaluation of the project as determined by the commissioner. This is a onetime appropriation.

(b) **Chapter 245D Compliance Support.** $219,000 in fiscal year 2025 is for a payment to Black Business Enterprises Fund to support minority providers licensed under Minnesota Statutes, chapter 245D, as intensive support services providers to build skills and the infrastructure needed to increase the quality of services provided to the people the providers serve while complying with the requirements of Minnesota Statutes, chapter 245D, and to enable the providers to accept clients with high behavioral needs. This is a onetime appropriation.

(c) **Customized Living Technical Assistance.** $350,000 is for a payment to Propel Nonprofits for a culturally specific outreach and education campaign toward existing customized living providers that might more appropriately serve their clients under a different home and community-based services program or license. This is a onetime appropriation.

(d) **Linguistically and Culturally Specific Training Pilot Project.** $650,000 in fiscal year 2025 is for a payment to Isuroon to collaborate with the commissioner of human services to develop and implement a pilot program to provide: (1) linguistically and culturally specific in-person training to bilingual individuals, particularly bilingual women, from diverse ethnic backgrounds; and (2) technical assistance to providers to ensure successful implementation of the

pilot program, including training, resources, and ongoing support. Within six months of the conclusion of the pilot project, Isuroon must provide the commissioner with an evaluation of the project as determined by the commissioner. This is a onetime appropriation.

(e) **Long-Term Services and Supports Loan Program.** (1) $462,000 in fiscal year 2025 is from the general fund for the long-term services and supports loan program established under Minnesota Statutes, section 256R.55. The base for this appropriation is $822,000 in fiscal year 2026 and $0 in fiscal year 2027.

(2) The commissioner of management and budget shall transfer $462,000 in fiscal year 2025 from the general fund to the long-term services and supports loan account established under Minnesota Statutes, section 256R.55. The base for this transfer is $822,000 in fiscal year 2026 and $0 in fiscal year 2027.

(f) **Base Level Adjustment.** The general fund base is decreased by $1,202,000 in fiscal year 2026 and decreased by $2,024,000 in fiscal year 2027.

Subd. 13. **Grant Programs; Aging and Adult Services Grants**	-0-	4,500,000

(a) **Caregiver Respite Services Grants.** $2,000,000 in fiscal year 2025 is for caregiver respite services grants under Minnesota Statutes, section 256.9756. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(b) **Caregiver Support Programs.** $2,500,000 in fiscal year 2025 is for the Minnesota Board on Aging for the purposes of the caregiver support programs under Minnesota Statutes, section 256.9755. Programs receiving funding under this paragraph must include an ALS-specific respite service in their caregiver support program. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

Subd. 14. **Grant Programs; Disabilities Grants**	1,650,000	9,574,000

(a) **Capital Improvement for Accessibility.** $400,000 in fiscal year 2025 is for a payment to Anoka County

to make capital improvements to existing space in the Anoka County Human Services building in the city of Blaine, including making bathrooms fully compliant with the Americans with Disabilities Act with adult changing tables and ensuring barrier-free access for the purposes of improving and expanding the services an existing building tenant can provide to adults with developmental disabilities. This is a onetime appropriation.

(b) **Dakota County Disability Services Workforce Shortage Pilot Project.** $500,000 in fiscal year 2025 is for a grant to Dakota County for innovative solutions to the disability services workforce shortage. Up to $250,000 of this amount must be used to develop and test an online application for matching requests for services from people with disabilities to available staff, and up to $250,000 of this amount must be used to develop a communities-for-all program that engages businesses, community organizations, neighbors, and informal support systems to promote community inclusion of people with disabilities. By October 1, 2026, the commissioner shall report the outcomes and recommendations of these pilot projects to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(c) **Pediatric Hospital-to-Home Transition Pilot Program.** $1,040,000 in fiscal year 2025 is for the pediatric hospital-to-home pilot program. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(d) **Artists With Disabilities Support.** $690,000 in fiscal year 2025 is for a payment to a nonprofit organization licensed under Minnesota Statutes, chapter 245D, located on Minnehaha Avenue West in Saint Paul, and that supports artists with disabilities in creating visual and performing art that challenges society's views of persons with disabilities. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(e) **Emergency Relief Grants for Rural EIDBI Providers.** $600,000 in fiscal year 2025 is for emergency relief grants for EIDBI providers. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(f) **Self-Advocacy Grants for Persons with Intellectual and Developmental Disabilities.** $250,000 in fiscal year 2025 is for self-advocacy grants under Minnesota Statutes, section 256.477, subdivision 1, paragraph (a), clauses (5) to (7), and for administrative costs. This is onetime appropriation.

(g) **Electronic Visit Verification Implementation Grants.** $864,000 in fiscal year 2025 is for electronic visit verification implementation grants. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(h) **Aging and Disability Services for Immigrant and Refugee Communities.** $250,000 in fiscal year 2025 is for a payment to SEWA-AIFW to address aging, disability, and mental health needs for immigrant and refugee communities. This is a onetime appropriation.

(i) **License Transition Support for Small Disability Waiver Providers.** $3,150,000 in fiscal year 2025 is for license transition payments to small disability waiver providers. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(j) **Own home services provider capacity-building grants.** $1,519,000 in fiscal year 2025 is for the own home services provider capacity-building grant program. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027. This is a onetime appropriation.

(k) **Continuation of Centers for Independent Living HCBS Access Grants.** $311,000 in fiscal year 2024 is for continued funding of grants awarded under Laws 2021, First Special Session chapter 7, article 17, section 19, as amended by Laws 2022, chapter 98, article 15, section 15. This is a onetime appropriation and is available until June 30, 2025.

(l) **Base Level Adjustment.** The general fund base is increased by $811,000 in fiscal year 2026 and increased by $811,000 in fiscal year 2027.

Subd. 15. **Grant Programs; Adult Mental Health Grants**		(8,900,000)	2,364,000

(a) **Locked Intensive Residential Treatment Services.** $1,000,000 in fiscal year 2025 is for start-up funds to intensive residential treatment services providers to provide treatment in locked facilities for patients meeting medical necessity criteria and who may also be referred for competency attainment or a competency examination under Minnesota Statutes, sections 611.40 to 611.59. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(b) **Engagement Services Pilot Grants.** $1,500,000 in fiscal year 2025 is for engagement services pilot grants. Of this amount, $250,000 in fiscal year 2025 is for an engagement services pilot grant to Otter Tail County. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

(c) **Mental Health Innovation Grant Program.** $1,321,000 in fiscal year 2025 is for the mental health innovation grant program under Minnesota Statutes, section 245.4662. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

(d) **Behavioral Health Services For Immigrant And Refugee Communities.** $354,000 in fiscal year 2025 is for a payment to African Immigrant Community Services to provide culturally and linguistically appropriate services to new Americans with disabilities, mental health needs, and substance use disorders and to connect such individuals with appropriate alternative service providers to ensure continuity of care. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(e) **Base Level Adjustment.** The general fund base is decreased by $1,811,000 in fiscal year 2026 and decreased by $1,811,000 in fiscal year 2027.

Subd. 16. **Grant Programs; Child Mental Health Grants**	-0-	500,000

Youth Peer Recovery Support Services Pilot Project. $500,000 in fiscal year 2025 is for a grant to Hennepin County to conduct a two-year pilot project to provide peer recovery support services under Minnesota Statutes, section 245G.07, subdivision 2, clause (8), to youth between 13 and 18 years of age. The pilot project must be conducted in partnership with a community organization that provides culturally specific peer recovery support services to East African individuals and that is working to expand peer recovery support services for youth in Hennepin County. At the conclusion of the pilot project, Hennepin County must submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services detailing the implementation, operation, and outcomes of the pilot project and providing recommendations on expanding youth peer recovery support services statewide. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

Subd. 17. **Grant Programs; Chemical Dependency Treatment Support Grants**	(500,000)	2,500,000

Medical Assistance Reentry Demonstration Grants. $2,500,000 in fiscal year 2025 is for capacity building and implementation grants for the medical assistance reentry demonstration under Minnesota Statutes, section 256B.0761. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

Subd. 18. **Direct Care and Treatment - Mental Health and Substance Abuse**	-0-	977,000
Subd. 19. **Direct Care and Treatment - Forensic Services**	-0-	7,752,000

(a) **Employee incentives.** $1,000,000 in fiscal year 2025 is for incentives related to the transition of CARE

St. Peter to the forensic mental health program. This is a onetime appropriation.

(b) **Base Level Adjustment.** The general fund base is increased by $6,612,000 in fiscal year 2026 and increased by $6,612,000 in fiscal year 2027.

Subd. 20. **Direct Care and Treatment - Operations** -0- 6,094,000

(a) **Free Communication Services for Patients and Clients.** $1,368,000 in fiscal year 2025 is for free communication services under article 6, section 1. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

(b) **Direct Care and Treatment Capacity; Miller Building.** $1,796,000 in fiscal year 2025 is to design a replacement facility for the Miller Building on the Anoka Metro Regional Treatment Center campus. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(c) **Direct Care and Treatment County Correctional Facility Support Pilot Program.** $2,387,000 in fiscal year 2025 is to establish a two-year county correctional facility support pilot program. The pilot program must: (1) provide education and support to counties and county correctional facilities on protocols and best practices for the provision of involuntary medications for mental health treatment; (2) provide technical assistance to expand access to injectable psychotropic medications in county correctional facilities; and (3) survey county correctional facilities and their contracted medical providers on their capacity to provide injectable psychotropic medications, including involuntary administration of medications, and barriers to providing these services. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

(d) **Advisory Committee for Direct Care and Treatment.** $482,000 in fiscal year 2025 is for the administration of the advisory committee for the operation of Direct Care and Treatment. This is a onetime appropriation. Notwithstanding Minnesota

Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(e) **Base Level Adjustment.** The general fund base is increased by $31,000 in fiscal year 2026 and increased by $0 in fiscal year 2027.

Subd. 21. **Grant Administration Costs**

Notwithstanding Minnesota Statutes, section 16B.98, subdivision 14, the commissioner of human services must not use any of the grant amounts appropriated under this section for administrative costs.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 3. **COMMISSIONER OF HEALTH**

Subdivision 1. **Total Appropriation**	$	-0-	$	1,087,000

Appropriations by Fund

	2024	2025
General	-0-	554,000
State Government Special Revenue	-0-	533,000

The amounts that may be spent for each purpose are specified in the following subdivisions.

Subd. 2. **Health Improvement**	-0-	554,000

(a) **Community Care Hub Grant.** $500,000 in fiscal year 2025 is from the general fund for the community care hub planning grant. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

(b) **Cannabis education program grants.** To achieve the net reduction in the general fund base of $3,650,000 in fiscal year 2026 and $3,650,000 in fiscal year 2027 for cannabis education grants under Minnesota Statutes, section 144.197, subdivision 4, the commissioner must not reduce the grant amounts distributed to Tribal health departments.

(c) **Carryforward Authority.** Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, $54,000 in fiscal year 2025 is available until June 30, 2026, for administration expenses related to the community care hub grant.

(d) **Base Level Adjustment.** The general fund base is decreased by $3,650,000 in fiscal year 2026 and decreased by $3,650,000 in fiscal year 2027.

Subd. 3. **Health Protection** -0- 533,000

This appropriation is from the state government special revenue fund.

Base Level Adjustments. The state government special revenue base is increased by $525,000 in fiscal year 2026 and increased by $525,000 in fiscal year 2027.

Subd. 4. **Grantee Evaluation Requirement**

For all new grants for which money is appropriated in this act, the commissioner of health must comply with the grantee evaluation requirements under Minnesota Statutes, section 16B.98, subdivision 12.

Sec. 4. **COUNCIL ON DISABILITY** **$** **-0-** **$** **400,000**

$400,000 in fiscal year 2025 is for the Legislative Task Force on Guardianship. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027. This is a onetime appropriation.

Sec. 5. **DEPARTMENT OF CORRECTIONS** **$** **-0-** **$** **1,649,000**

Medical Assistance Reentry Demonstration. $1,649,000 in fiscal year 2025 is from the general fund for planning and implementation of the medical assistance reentry demonstration. The base for this appropriation is $1,924,000 in fiscal year 2026 and $2,364,000 in fiscal year 2027.

Sec. 6. **DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT** **$** **-0-** **$** **5,000,000**

Cedar Riverside Recreation Center. $5,000,000 in fiscal year 2025 is for a payment to the Minneapolis

Park and Recreation Board for the design, development, and construction of the new Cedar Riverside Recreation Center to serve the largest immigrant population center in the state. This is a onetime appropriation available until June 30, 2028.

Sec. 7. Laws 2021, First Special Session chapter 7, article 17, section 19, as amended by Laws 2022, chapter 98, article 15, section 15, is amended to read:

Sec. 19. **CENTERS FOR INDEPENDENT LIVING HCBS ACCESS GRANT.**

(a) This act includes $1,200,000 in fiscal year 2022 and $1,200,000 in fiscal year 2023 for grants to expand services to support people with disabilities from underserved communities who are ineligible for medical assistance to live in their own homes and communities by providing accessibility modifications, independent living services, and public health program facilitation. The commissioner of human services must award the grants in equal amounts to grantees. To be eligible, a grantee must be an organization defined in Minnesota Statutes, section 268A.01, subdivision 8. Any unexpended amount in fiscal year 2022 is available through June 30, 2023. The general fund base included in this act for this purpose is $0 in fiscal year 2024 and $0 in fiscal year 2025.

(b) All grant activities must be completed by ~~March 31, 2024~~ June 30, 2025.

(c) This section expires June 30, ~~2024~~ 2025.

EFFECTIVE DATE. This section is effective retroactively from March 31, 2024.

Sec. 8. Laws 2023, chapter 53, article 21, section 6, is amended to read:

Sec. 6. **TRANSFERS.**

(a) In the biennium ending on June 30, 2025, the commissioner of management and budget must transfer ~~$400,000,000~~ $390,000,000 from the general fund to the Minnesota forward fund account established in Minnesota Statutes, section 116J.8752, subdivision 2. The base for this transfer is $0.

(b) In the biennium ending on June 30, 2025, the commissioner of management and budget shall transfer $25,000,000 from the general fund to the Minnesota climate innovation authority account established in Minnesota Statutes, section 216C.441, subdivision 11. The base for this transfer is $0.

(c) In the biennium ending on June 30, 2025, the commissioner of management and budget must transfer $75,000,000 from the general fund to the state competitiveness fund account established in Minnesota Statutes, section 216C.391, subdivision 2. Notwithstanding Minnesota Statutes, section 216C.391, subdivision 2, the commissioner of commerce must use this transfer for grants to eligible entities for projects receiving federal loans or tax credits where the benefits are in disadvantaged communities. The base for this transfer is $0. Up to three percent of money transferred under this paragraph is for administrative costs.

(d) ~~In the biennium ending on June 30, 2027,~~ The commissioners of management and budget, in consultation with the commissioners of employment and economic development and commerce, may transfer money between the Minnesota forward fund account, the Minnesota climate innovation authority account, and the state competitiveness fund account. The commissioner of management and budget must notify the Legislative Advisory Commission within 15 days of making transfers under this paragraph.

(e) The commissioner of management and budget may transfer money from the Minnesota forward fund account, the Minnesota climate innovation authority account, and the state competitiveness fund account to the human services response contingency account established under Minnesota Statutes, section 256.044, as necessary to respond to emergent state needs. The commissioner of management and budget must notify the Legislative Advisory Commission within 15 days of making transfers under this paragraph.

(f) The commissioner of management and budget may transfer money from the Minnesota forward fund account, the Minnesota climate innovation authority account, and the state competitiveness fund account to other state agencies to maximize federal funding opportunities. Money transferred under this paragraph is appropriated to the agency that receives the money and is available until June 30, 2027. Any money that remains unspent is canceled to the general fund. The commissioner of management and budget must notify the Legislative Advisory Commission 15 days prior to making transfers under this paragraph.

(g) The total amount transferred under paragraphs (e) and (f) shall not exceed $100,000,000.

Sec. 9. Laws 2023, chapter 53, article 21, section 7, is amended to read:

Sec. 7. **APPROPRIATIONS.**

(a) $50,000,000 in fiscal year 2024 is appropriated from the Minnesota forward fund account to the commissioner of employment and economic development for providing businesses with matching funds required by federal programs. Money awarded under this program is made retroactive to February 1, 2023, for applications and projects. The commissioner may use up to two percent of this appropriation for administration. This is a onetime appropriation and is available until June 30, 2027. Any funds that remain unspent are canceled to the general fund.

(b) $100,000,000 in fiscal year 2024 is appropriated from the Minnesota forward fund account to the commissioner of employment and economic development to match existing federal funds made available in the Consolidated Appropriations Act, Public Law 117-328. This appropriation must be used to (1) construct and operate a bioindustrial manufacturing pilot innovation facility, biorefinery, or commercial campus utilizing agricultural feedstocks or (2) for a Minnesota aerospace center for research, development, and testing, or both (1) and (2). This appropriation is not subject to the requirements of Minnesota Statutes, 116J.8752, subdivision 5. The commissioner may use up to two percent of this appropriation for administration. This is a onetime appropriation and is available until June 30, 2027. Any funds that remain unspent are canceled to the general fund.

(c) ~~$250,000,000~~ $240,000,000 in fiscal year 2024 is appropriated from the Minnesota forward fund account to the commissioner of employment and economic development to match federal funds made available in the Chips and Science Act, Public Law 117-167. Money awarded under this program is made retroactive to February 1, 2023, for applications and projects. This appropriation is not subject to Minnesota Statutes, section 116J.8752, subdivision 5. The commissioner may use up two percent for administration. This is a onetime appropriation and is available until June 30, 2027. Any funds that remain unspent are canceled to the general fund.

(d) The commissioner may use the appropriation under paragraph (c) to allocate up to 15 percent of the total project cost with a maximum of $75,000,000 per project for the purpose of constructing, modernizing, or expanding commercial facilities on the front- and back-end fabrication of leading-edge, current-generation, and mature-node semiconductors; funding semiconductor materials and manufacturing equipment facilities; and for research and development facilities.

(e) The commissioner may use the appropriation under paragraph (c) to award:

(1) grants to institutions of higher education for developing and deploying training programs and to build pipelines to serve the needs of industry; and

(2) grants to increase the capacity of institutions of higher education to serve industrial requirements for research and development that coincide with current and future requirements of projects eligible under this section. Grant money may be used to construct and equip facilities that serve the purpose of the industry. The maximum grant award per institution of higher education under this section is $5,000,000 and may not represent more than 50 percent of the total project funding from other sources. Use of this funding must be supported by businesses receiving funds under clause (1).

(f) Money appropriated in paragraphs (a), (b), and (c) may be transferred between appropriations within the Minnesota forward fund account by the commissioner of employment and economic development with approval of the commissioner of management and budget. The commissioner must notify the Legislative Advisory Commission at least 15 days prior to changing appropriations under this paragraph.

Sec. 10. Laws 2023, chapter 61, article 1, section 67, subdivision 3, is amended to read:

Subd. 3. **Evaluation and report.** (a) The Metropolitan Center for Independent Living must contract with a third party to evaluate the pilot project's impact on health care costs, retention of personal care assistants, and patients' and providers' satisfaction of care. The evaluation must include the number of participants, the hours of care provided by participants, and the retention of participants from semester to semester.

(b) By January 15, ~~2025~~ 2026, the Metropolitan Center for Independent Living must report the findings under paragraph (a) to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 11. Laws 2023, chapter 61, article 4, section 11, the effective date, is amended to read:

EFFECTIVE DATE. This section is effective January 1, ~~2024~~ 2026, or upon federal approval, whichever is later. The commissioner shall notify the revisor of statutes when federal approval is obtained.

Sec. 12. Laws 2023, chapter 61, article 9, section 2, subdivision 5, is amended to read:

Subd. 5. **Central Office; Aging and Disability Services**	40,115,000	11,995,000
(a) **Employment Supports Alignment Study.** $50,000 in fiscal year 2024 and $200,000 in fiscal year 2025 are to conduct an interagency employment supports alignment study. The base for this appropriation is $150,000 in fiscal year 2026 and $100,000 in fiscal year 2027.		
(b) **Case Management Training Curriculum.** $377,000 in fiscal year 2024 and $377,000 in fiscal year 2025 are to develop and implement a curriculum and training plan to ensure all lead agency assessors		

and case managers have the knowledge and skills necessary to fulfill support planning and coordination responsibilities for individuals who use home and community-based disability services and live in own-home settings. This is a onetime appropriation.

(c) **Office of Ombudsperson for Long-Term Care.** $875,000 in fiscal year 2024 and $875,000 in fiscal year 2025 are for additional staff and associated direct costs in the Office of Ombudsperson for Long-Term Care.

(d) **Direct Care Services Corps Pilot Project.** $500,000 in fiscal year 2024 is from the general fund for a grant to the Metropolitan Center for Independent Living for the direct care services corps pilot project. Up to $25,000 may be used by the Metropolitan Center for Independent Living for administrative costs. This is a onetime appropriation and is available until June 30, 2026.

(e) **Research on Access to Long-Term Care Services and Financing.** Any unexpended amount of the fiscal year 2023 appropriation referenced in Laws 2021, First Special Session chapter 7, article 17, section 16, estimated to be $300,000, is canceled. The amount canceled is appropriated in fiscal year 2024 for the same purpose.

(f) **Native American Elder Coordinator.** $441,000 in fiscal year 2024 and $441,000 in fiscal year 2025 are for the Native American elder coordinator position under Minnesota Statutes, section 256.975, subdivision 6.

(g) **Grant Administration Carryforward.**

(1) Of this amount, $8,154,000 in fiscal year 2024 is available until June 30, 2027.

(2) Of this amount, $1,071,000 in fiscal year 2025 is available until June 30, 2027.

(3) Of this amount, $19,000,000 in fiscal year 2024 is available until June 30, 2029.

(h) **Base Level Adjustment.** The general fund base is increased by $8,189,000 in fiscal year 2026 and increased by $8,093,000 in fiscal year 2027.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 13. Laws 2023, chapter 61, article 9, section 2, subdivision 14, is amended to read:

Subd. 14. **Grant Programs; Aging and Adult Services Grants**	164,626,000	34,795,000

(a) **Vulnerable Adult Act Redesign Phase Two.** $17,129,000 in fiscal year 2024 is for adult protection grants to counties and Tribes under Minnesota Statutes, section 256M.42. Notwithstanding Minnesota Statutes, section 16A.28, this appropriation is available until June 30, 2027. The base for this appropriation is $866,000 in fiscal year 2026 and $867,000 in fiscal year 2027.

(b) **Caregiver Respite Services Grants.** $1,800,000 in fiscal year 2025 is for caregiver respite services grants under Minnesota Statutes, section 256.9756. This is a onetime appropriation.

(c) **Live Well at Home Grants.** $4,575,000 in fiscal year 2024 is for live well at home grants under Minnesota Statutes, section 256.9754, subdivision 3f. This is a onetime appropriation and is available until June 30, 2025.

(d) **Senior Nutrition Program.** $10,552,000 in fiscal year 2024 is for the senior nutrition program. Notwithstanding Minnesota Statutes, section 16A.28, this appropriation is available until June 30, 2027. This is a onetime appropriation.

(e) **Age-Friendly Community Grants.** $3,000,000 in fiscal year 2024 is for the continuation of age-friendly community grants under Laws 2021, First Special Session chapter 7, article 17, section 8, subdivision 1. Notwithstanding Minnesota Statutes, section 16A.28, this is a onetime appropriation and is available until June 30, 2027.

(f) **Age-Friendly Technical Assistance Grants.** $1,725,000 in fiscal year 2024 is for the continuation of age-friendly technical assistance grants under Laws 2021, First Special Session chapter 7, article 17, section 8, subdivision 2. Notwithstanding Minnesota Statutes, section 16A.28, this is a onetime appropriation and is available until June 30, 2027.

(g) ~~**Financially Distressed Nursing Facility**~~ **Long-Term Services and Supports Loan Program.** $93,200,000 in fiscal year 2024 is for the ~~financially~~

~~distressed nursing facility~~ long-term services and supports loan program under Minnesota Statutes, section 256R.55, and is available as provided therein.

(h) **Base Level Adjustment.** The general fund base is $33,861,000 in fiscal year 2026 and $33,862,000 in fiscal year 2027.

Sec. 14. Laws 2023, chapter 61, article 9, section 2, subdivision 16, as amended by Laws 2023, chapter 70, article 15, section 8, is amended to read:

Subd. 16. **Grant Programs; Disabilities Grants**	113,684,000	30,377,000

(a) **Temporary Grants for Small Customized Living Providers.** $5,450,000 in fiscal year 2024 is for grants to assist small customized living providers to transition to community residential services licensure or integrated community supports licensure. Notwithstanding Minnesota Statutes, section 16A.28, this appropriation is available until June 30, 2027. This is a onetime appropriation.

(b) **Lead Agency Capacity Building Grants.** $444,000 in fiscal year 2024 and $2,396,000 in fiscal year 2025 are for grants to assist organizations, counties, and Tribes to build capacity for employment opportunities for people with disabilities. The base for this appropriation is $2,413,000 in fiscal year 2026 and $2,411,000 in fiscal year 2027.

(c) **Employment and Technical Assistance Center Grants.** $450,000 in fiscal year 2024 and $1,800,000 in fiscal year 2025 are for employment and technical assistance grants to assist organizations and employers in promoting a more inclusive workplace for people with disabilities.

(d) **Case Management Training Grants.** $37,000 in fiscal year 2024 and $123,000 in fiscal year 2025 are for grants to provide case management training to organizations and employers to support the state's disability employment supports system. The base for this appropriation is $45,000 in fiscal year 2026 and $45,000 in fiscal year 2027.

(e) **Self-Directed Bargaining Agreement; Electronic Visit Verification Stipends.** $6,095,000 in fiscal year 2024 is for onetime stipends of $200 to bargaining members to offset the potential costs related to people using individual devices to access the electronic visit

verification system. Of this amount, $5,600,000 is for stipends and $495,000 is for administration. This is a onetime appropriation and is available until June 30, 2025.

(f) **Self-Directed Collective Bargaining Agreement; Temporary Rate Increase Memorandum of Understanding.** $1,600,000 in fiscal year 2024 is for onetime stipends for individual providers covered by the SEIU collective bargaining agreement based on the memorandum of understanding related to the temporary rate increase in effect between December 1, 2020, and February 7, 2021. Of this amount, $1,400,000 of the appropriation is for stipends and $200,000 is for administration. This is a onetime appropriation.

(g) **Self-Directed Collective Bargaining Agreement; Retention Bonuses.** $50,750,000 in fiscal year 2024 is for onetime retention bonuses covered by the SEIU collective bargaining agreement. Of this amount, $50,000,000 is for retention bonuses and $750,000 is for administration of the bonuses. This is a onetime appropriation and is available until June 30, 2025.

(h) **Self-Directed Bargaining Agreement; Training Stipends.** $2,100,000 in fiscal year 2024 and $100,000 in fiscal year 2025 are for onetime stipends of $500 for collective bargaining unit members who complete designated, voluntary trainings made available through or recommended by the State Provider Cooperation Committee. Of this amount, $2,000,000 in fiscal year 2024 is for stipends, and $100,000 in fiscal year 2024 and $100,000 in fiscal year 2025 are for administration. This is a onetime appropriation.

(i) **Self-Directed Bargaining Agreement; Orientation Program.** $2,000,000 in fiscal year 2024 and $2,000,000 in fiscal year 2025 are for onetime $100 payments to collective bargaining unit members who complete voluntary orientation requirements. Of this amount, $1,500,000 in fiscal year 2024 and $1,500,000 in fiscal year 2025 are for the onetime $100 payments, and $500,000 in fiscal year 2024 and $500,000 in fiscal year 2025 are for orientation-related costs. This is a onetime appropriation.

(j) **Self-Directed Bargaining Agreement; Home Care Orientation Trust.** $1,000,000 in fiscal year 2024 is for the Home Care Orientation Trust under Minnesota

Statutes, section 179A.54, subdivision 11. The commissioner shall disburse the appropriation to the board of trustees of the Home Care Orientation Trust for deposit into an account designated by the board of trustees outside the state treasury and state's accounting system. This is a onetime appropriation and is available until June 30, 2025.

(k) **HIV/AIDS Supportive Services.** $12,100,000 in fiscal year 2024 is for grants to community-based HIV/AIDS supportive services providers as defined in Minnesota Statutes, section 256.01, subdivision 19, and for payment of allowed health care costs as defined in Minnesota Statutes, section 256.9365. This is a onetime appropriation and is available until June 30, 2025.

(l) **Motion Analysis Advancements Clinical Study and Patient Care.** $400,000 is fiscal year 2024 is for a grant to the Mayo Clinic Motion Analysis Laboratory and Limb Lab for continued research in motion analysis advancements and patient care. This is a onetime appropriation and is available through June 30, 2025.

(m) **Grant to Family Voices in Minnesota.** $75,000 in fiscal year 2024 and $75,000 in fiscal year 2025 are for a grant to Family Voices in Minnesota under Minnesota Statutes, section 256.4776.

(n) **Parent-to-Parent Programs.**

(1) $550,000 in fiscal year 2024 and $550,000 in fiscal year 2025 are for grants to organizations that provide services to underserved communities with a high prevalence of autism spectrum disorder. This is a onetime appropriation and is available until June 30, 2025.

(2) The commissioner shall give priority to organizations that provide culturally specific and culturally responsive services.

(3) Eligible organizations must:

(i) conduct outreach and provide support to newly identified parents or guardians of a child with special health care needs;

(ii) provide training to educate parents and guardians in ways to support their child and navigate the health, education, and human services systems;

(iii) facilitate ongoing peer support for parents and guardians from trained volunteer support parents; and

(iv) communicate regularly with other parent-to-parent programs and national organizations to ensure that best practices are implemented.

(4) Grant recipients must use grant money for the activities identified in clause (3).

(5) For purposes of this paragraph, "special health care needs" means disabilities, chronic illnesses or conditions, health-related educational or behavioral problems, or the risk of developing disabilities, illnesses, conditions, or problems.

(6) Each grant recipient must report to the commissioner of human services annually by January 15 with measurable outcomes from programs and services funded by this appropriation the previous year including the number of families served and the number of volunteer support parents trained by the organization's parent-to-parent program.

(o) **Self-Advocacy Grants for Persons with Intellectual and Developmental Disabilities.** $323,000 in fiscal year 2024 and $323,000 in fiscal year 2025 are for self-advocacy grants under Minnesota Statutes, section 256.477. This is a onetime appropriation. Of these amounts, $218,000 in fiscal year 2024 and $218,000 in fiscal year 2025 are for the activities under Minnesota Statutes, section 256.477, subdivision 1, paragraph (a), clauses (5) to (7), and for administrative costs, and $105,000 in fiscal year 2024 and $105,000 in fiscal year 2025 are for the activities under Minnesota Statutes, section 256.477, subdivision 2.

(p) **Technology for Home Grants.** $300,000 in fiscal year 2024 and $300,000 in fiscal year 2025 are for technology for home grants under Minnesota Statutes, section 256.4773.

(q) **Community Residential Setting Transition.** $500,000 in fiscal year 2024 is for a grant to Hennepin County to expedite approval of community residential setting licenses subject to the corporate foster care

moratorium exception under Minnesota Statutes, section 245A.03, subdivision 7, paragraph (a), clause (5).

(r) **Base Level Adjustment.** The general fund base is $27,343,000 in fiscal year 2026 and $27,016,000 in fiscal year 2027.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 15. Laws 2023, chapter 61, article 9, section 2, subdivision 18, is amended to read:

Subd. 18. **Grant Programs; Chemical Dependency Treatment Support Grants**

	Appropriations by Fund	
General	54,691,000	5,342,000
Lottery Prize	1,733,000	1,733,000

(a) **Culturally Specific Recovery Community Organization Start-Up Grants.** $4,000,000 in fiscal year 2024 is for culturally specific recovery community organization start-up grants. Notwithstanding Minnesota Statutes, section 16A.28, this appropriation is available until June 30, 2027. This is a onetime appropriation.

(b) **Safe Recovery Sites.** $14,537,000 in fiscal year 2024 is from the general fund for start-up and capacity-building grants for organizations to establish safe recovery sites. Notwithstanding Minnesota Statutes, section 16A.28, this appropriation is onetime and is available until June 30, 2029.

(c) **Technical Assistance for Culturally Specific Organizations; Culturally Specific Services Grants.** $4,000,000 in fiscal year 2024 is for grants to culturally specific providers for technical assistance navigating culturally specific and responsive substance use and recovery programs. Notwithstanding Minnesota Statutes, section 16A.28, this appropriation is available until June 30, 2027.

(d) **Technical Assistance for Culturally Specific Organizations; Culturally Specific Grant Development Training.** $400,000 in fiscal year 2024 is for grants for up to four trainings for community members and culturally specific providers for grant

writing training for substance use and recovery-related grants. Notwithstanding Minnesota Statutes, section 16A.28, this is a onetime appropriation and is available until June 30, 2027.

(e) **Harm Reduction Supplies for Tribal and Culturally Specific Programs.** $7,597,000 in fiscal year 2024 is from the general fund to provide sole source grants to culturally specific communities to purchase syringes, testing supplies, and opiate antagonists. Notwithstanding Minnesota Statutes, section 16A.28, this appropriation is available until June 30, 2027. This is a onetime appropriation.

(f) **Families and Family Treatment Capacity-Building and Start-Up Grants.** $10,000,000 in fiscal year 2024 is from the general fund for start-up and capacity-building grants for family substance use disorder treatment programs. Notwithstanding Minnesota Statutes, section 16A.28, this appropriation is available until June 30, 2029. This is a onetime appropriation.

(g) **Start-Up and Capacity Building Grants for Withdrawal Management.** ~~$500,000~~ $0 in fiscal year 2024 and $1,000,000 in fiscal year 2025 are for start-up and capacity building grants for withdrawal management.

(h) **Recovery Community Organization Grants.** $4,300,000 in fiscal year 2024 is from the general fund for grants to recovery community organizations, as defined in Minnesota Statutes, section 254B.01, subdivision 8, that are current grantees as of June 30, 2023. This is a onetime appropriation and is available until June 30, 2025.

(i) **Opioid Overdose Prevention Grants.**

(1) $125,000 in fiscal year 2024 and $125,000 in fiscal year 2025 are from the general fund for a grant to Ka Joog, a nonprofit organization in Minneapolis, Minnesota, to be used for collaborative outreach, education, and training on opioid use and overdose, and distribution of opiate antagonist kits in East African and Somali communities in Minnesota. This is a onetime appropriation.

(2) $125,000 in fiscal year 2024 and $125,000 in fiscal year 2025 are from the general fund for a grant to the

Steve Rummler Hope Network to be used for statewide outreach, education, and training on opioid use and overdose, and distribution of opiate antagonist kits. This is a onetime appropriation.

(3) $250,000 in fiscal year 2024 and $250,000 in fiscal year 2025 are from the general fund for a grant to African Career Education and Resource, Inc. to be used for collaborative outreach, education, and training on opioid use and overdose, and distribution of opiate antagonist kits. This is a onetime appropriation.

(j) **Problem Gambling.** $225,000 in fiscal year 2024 and $225,000 in fiscal year 2025 are from the lottery prize fund for a grant to a state affiliate recognized by the National Council on Problem Gambling. The affiliate must provide services to increase public awareness of problem gambling, education, training for individuals and organizations that provide effective treatment services to problem gamblers and their families, and research related to problem gambling.

(k) **Project ECHO.** $1,310,000 in fiscal year 2024 and $1,295,000 in fiscal year 2025 are from the general fund for a grant to Hennepin Healthcare to expand the Project ECHO program. The grant must be used to establish at least four substance use disorder-focused Project ECHO programs at Hennepin Healthcare, expanding the grantee's capacity to improve health and substance use disorder outcomes for diverse populations of individuals enrolled in medical assistance, including but not limited to immigrants, individuals who are homeless, individuals seeking maternal and perinatal care, and other underserved populations. The Project ECHO programs funded under this section must be culturally responsive, and the grantee must contract with culturally and linguistically appropriate substance use disorder service providers who have expertise in focus areas, based on the populations served. Grant funds may be used for program administration, equipment, provider reimbursement, and staffing hours. This is a onetime appropriation and is available until June 30, 2027.

(l) **White Earth Nation Substance Use Disorder Digital Therapy Tool.** $3,000,000 in fiscal year 2024 is from the general fund for a grant to the White Earth Nation to develop an individualized Native American centric digital therapy tool with Pathfinder Solutions.

This is a onetime appropriation. The grant must be used to:

(1) develop a mobile application that is culturally tailored to connecting substance use disorder resources with White Earth Nation members;

(2) convene a planning circle with White Earth Nation members to design the tool;

(3) provide and expand White Earth Nation-specific substance use disorder services; and

(4) partner with an academic research institution to evaluate the efficacy of the program.

(m) **Wellness in the Woods.** $300,000 in fiscal year 2024 and $300,000 in fiscal year 2025 are from the general fund for a grant to Wellness in the Woods for daily peer support and special sessions for individuals who are in substance use disorder recovery, are transitioning out of incarceration, or who have experienced trauma. These are onetime appropriations.

(n) **Base Level Adjustment.** The general fund base is $3,247,000 in fiscal year 2026 and $3,247,000 in fiscal year 2027.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 16. Laws 2023, chapter 70, article 20, section 2, subdivision 29, is amended to read:

Subd. 29. **Grant Programs; Adult Mental Health Grants**	132,327,000	121,270,000

(a) **Mobile crisis grants to Tribal Nations.** $1,000,000 in fiscal year 2024 and $1,000,000 in fiscal year 2025 are for mobile crisis grants under Minnesota Statutes ~~section~~ sections 245.4661, subdivision 9, paragraph (b), clause (15), and 245.4889, subdivision 1, paragraph (b), clause (4), to Tribal Nations.

(b) **Mental health provider supervision grant program.** $1,500,000 in fiscal year 2024 and $1,500,000 in fiscal year 2025 are for the mental health provider supervision grant program under Minnesota Statutes, section 245.4663.

(c) **Minnesota State University, Mankato community behavioral health center.** $750,000 in fiscal year 2024 and $750,000 in fiscal year 2025 are for a grant to the Center for Rural Behavioral Health

at Minnesota State University, Mankato to establish a community behavioral health center and training clinic. The community behavioral health center must provide comprehensive, culturally specific, trauma-informed, practice- and evidence-based, person- and family-centered mental health and substance use disorder treatment services in Blue Earth County and the surrounding region to individuals of all ages, regardless of an individual's ability to pay or place of residence. The community behavioral health center and training clinic must also provide training and workforce development opportunities to students enrolled in the university's training programs in the fields of social work, counseling and student personnel, alcohol and drug studies, psychology, and nursing. Upon request, the commissioner must make information regarding the use of this grant funding available to the chairs and ranking minority members of the legislative committees with jurisdiction over behavioral health. This is a onetime appropriation and is available until June 30, 2027.

(d) **White Earth Nation; adult mental health initiative.** $300,000 in fiscal year 2024 and $300,000 in fiscal year 2025 are for adult mental health initiative grants to the White Earth Nation. This is a onetime appropriation.

(e) **Mobile crisis grants.** $8,472,000 in fiscal year 2024 and $8,380,000 in fiscal year 2025 are for the mobile crisis grants under Minnesota Statutes, ~~section~~ sections 245.4661, subdivision 9, paragraph (b), clause (15), and 245.4889, subdivision 1, paragraph (b), clause (4). This is a onetime appropriation and is available until June 30, 2027.

(f) **Base level adjustment.** The general fund base is $121,980,000 in fiscal year 2026 and $121,980,000 in fiscal year 2027.

Sec. 17. **REIMBURSEMENT TO BELTRAMI COUNTY AND TODD COUNTY FOR CERTAIN COST OF CARE PAYMENTS.**

This act includes $336,680 in fiscal year 2025 for reimbursement of prior payments by Beltrami County and the forgiveness of existing Beltrami County debt under article 4, section 8, paragraph (a), and $387,000 in fiscal year 2025 for reimbursement of prior payments by Todd County and the forgiveness of existing Todd County debt under article 4, section 8, paragraph (b).

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 18. **REVIVAL AND REENACTMENT.**

Minnesota Statutes 2022, section 256B.051, subdivision 7, is revived and reenacted effective retroactively from August 1, 2023. Any time frames within or dependent on the subdivision are based on the original effective date in Laws 2017, First Special Session chapter 6, article 2, section 10.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 19. **APPROPRIATIONS GIVEN EFFECT ONCE.**

If an appropriation or transfer in this article is enacted more than once during the 2024 legislative session, the appropriation or transfer must be given effect once.

Sec. 20. **DIRECTION TO COMMISSIONER OF MANAGEMENT AND BUDGET; DIRECT CARE AND TREATMENT BUDGET.**

The commissioner of management and budget must identify any unexpended appropriations and all base funding for the Direct Care and Treatment Division of the Department of Human Services and allocate the identified unexpended appropriations and base funding to Direct Care and Treatment when establishing the 2026-2027 biennial budget.

Sec. 21. **REPEALER.**

Laws 2023, chapter 25, section 190, subdivision 10, is repealed.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 22. **EXPIRATION OF UNCODIFIED LANGUAGE.**

All uncodified language contained in this article expires on June 30, 2025, unless a different expiration date is explicit.

Sec. 23. **EFFECTIVE DATE.**

This article is effective July 1, 2024, unless a different effective date is specified.

Presented to the governor May 22, 2024

Signed by the governor May 24, 2024, 9:09 a.m.